



COVID-19

Volume I: Global Pandemic, Societal Responses, Ideological Solutions

Edited by J. Michael Ryan

COVID-19

The SARS-CoV-2 virus, and the associated COVID-19 pandemic, is perhaps the greatest threat to life, and lifestyles, the world has known in more than a century. The scholarship included here provides critical insights into the ethics and ideologies, inequalities, and changed social understandings that lie at the heart of this pandemic. This volume maps out the ways in which the pandemic has impacted (most often disproportionately) societies, the successes and failures of means used to combat the virus, and the considerations and future possibilities – both positive and negative – that lie ahead. While the pandemic has brought humanity together in some noteworthy ways, it has also laid bare many of the systemic inequalities that lie at the foundation of our global society. This volume is a significant step toward better understanding these impacts.

The work presented here represents a remarkable diversity and quality of impassioned scholarship and is a timely and critical advance in knowledge related to the pandemic. This volume and its companion, *COVID-19: Volume II: Social Consequences and Cultural Adaptations*, are the result of the collaboration of more than 50 of the leading social scientists from across five continents. The breadth and depth of the scholarship is matched only by the intellectual and global scope of the contributors themselves. The insights presented here have much to offer not just to an understanding of the ongoing world of COVID-19, but also to helping us (re-)build, and better shape, the world beyond.

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Taylor & Francis

Taylor & Francis Group

<http://taylorandfrancis.com>

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First published 2021
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
52 Vanderbilt Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data

A catalog record for this book has been requested

ISBN: 978-0-367-69514-9 (hbk)

ISBN: 978-0-367-69515-6 (pbk)

ISBN: 978-1-003-14208-9 (ebk)

Typeset in Bembo
by Apex CoVantage, LLC

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PREFACE

One of my principal concerns when bringing together these volumes has been that the scholarship contained within them might be out of date before they ever even come to print. Given the (un)usually lengthy times required to bring most academic work to ink, that is not an entirely uncommon concern, but given the rapidly changing pace of the current global situation, it is certainly one that has been amplified. I have attempted to mitigate that concern by allowing contributors opportunities to update up to the very last possible minute. More importantly, I have come to terms with the fact that no piece of printed scholarship, and even less so that dealing with contemporary public issues, can achieve such a goal. That said, I do not believe that a couple of out-of-date numbers or the absence of a few recently passed policies will greatly impact the sound academic scholarship presented in the chapters that follow. Instead, I believe the work here can serve as a foundational building block for the no-doubt litany of COVID-19 and pandemic related scholarship that is sure to be the focus of significant study and research for some time to come. These volumes are, in fact, quite cutting edge.

They were brought together with remarkable speed – from call to papers to final drafts in roughly four months. That is an incredibly tight time frame to bring together an academic volume, but particularly one containing the caliber of scholarship included here. To that end, I am eternally grateful to all of the contributors for their sound scholarly work, their careful attention to feedback and rapid responses, their general commitment to this project, and, more importantly, to doing their part to help us all better understand and combat this pandemic. I am also grateful to Routledge for their willingness to sponsor this project and for their flexibility and willingness to accelerate their end of the publication process in order to bring this important scholarship to light in time for it to (hopefully) make a difference. My editor, Rebecca Brennan, has been an especially enthusiastic supporter from the beginning, and credit is due to her as much as anyone for the ability to make these projects happen.

The World of COVID-19

The world ahead is uncertain. That is not new. What is new is that the contemporary cohort (and I do hope that remains singular) will be forever marked by the presence of the SARS-CoV-2 virus and the associated COVID-19 pandemic. The aim of this volume (in tandem with its companion volume) is to help map out the ways in which this pandemic has impacted (most often disproportionately) global society, the successes and failures of means used to combat the virus, and the considerations and future possibilities – both positive and negative – that lie ahead.

On an ethical level, my sincere hope is that the outstanding scholarship in these volumes will help individuals and societies, especially in a collective sense, to better understand the impact of COVID-19. While the medical understandings of the virus have taken center stage (and, to most degrees, rightfully so), there has been a general gap in understanding the social, cultural, economic, psychological, political, and other less-medical aspects. These volumes are an effort to help fill that gap.

On a professional level, my sincere hope is that these volumes will further demonstrate my commitment to public sociology and what I personally view as the purpose of social science – to better understand, inform, and improve society. I firmly believe that the academy has an obligation to provide research, insights, and understandings of the human condition, especially in times of crisis and rapid social change. These volumes are a response to that obligation.

On a personal level, I have been rewarded, indeed honored, by getting to work with some of the brightest, most highly motivated minds at work in the world today. Indeed, the contributions in these companion volumes are the result of a collaboration between more than 50 of the world's leading social scientists representing nearly a dozen countries from across five continents. They represent a truly global effort and the kinds of things communities can achieve when they work together. I have had the opportunity to engage in fascinating discussions with these scholars from across a wide range of disciplines and from around the world. I have been appreciative of that opportunity and look forward to future discussions with many of the brilliant minds and good-natured souls that I have met through this project well after the volumes are in print.

As a final note, I have been encouraged by the critical analyses, sharp insights, and timely scholarship presented in these volumes. Many present dark pictures of how the world was (not) prepared, reacted to, responded to, and administered the current pandemic, but it is only by walking through darkness that we can come to the light, and I personally feel a sense of optimism, though sometimes buried, in each and every one of these chapters. Rather than be solely depressed by the current situation, we should all find means to learn from it and inspiration to work together toward a brighter future. It has often been said that the only way to unite global humanity is to confront a common outside threat. Perhaps this is the one? The choice is ours. Let us make the right one.

With warmest wishes for better days ahead,

J. Michael Ryan
Nur-Sultan, Kazakhstan
August 2020

TIMELINE OF COVID-19

Timeline of COVID-19 Pandemic

J. Michael Ryan

The COVID-19 pandemic has impacted every country on the planet. As the most significant global pandemic to strike the human population in more than a century, it has wrought devastating effects on the vast majority of the world's population (though some, it should be noted, have profited quite generously from the global misery). With that in mind, it is difficult, nay, impossible, to construct a timeline that includes events considered significant to every individual, community, or country. The following timeline makes no such attempt. Instead, I have tried to include events that are either globally significant (e.g., announcements by the WHO) or at least representative of a global condition (e.g., lockdowns). I have also paid particular attention to events that are helpful in understanding the context of the various chapters presented in this volume. It should be noted that some of the dates listed might conflict with other reports, though usually by no more than a day in either direction. The reasons include differences in reporting (for example, there is no universal agreement on the number of cases reported in particular countries) and time zone differences (though I have made every attempt to list dates based on the point of origin of the event). Despite those considerations, this timeline does present the most comprehensive, global chronology of events yet compiled (or at least in publication) as of the time of writing.

<i>Month</i>	<i>Date</i>	<i>Event</i>
Nov	17, 2019	First unconfirmed case of COVID-19 traced back to Hubei province in China
Dec	31	The WHO reports that the People's Republic of China has alerted the organization to cases of pneumonia with an unknown cause in Wuhan City, Hubei Province.
Jan	1, 2020	Officials close the Huanan food market in Wuhan, suspected to be the source of the novel coronavirus
Jan	7	Chinese officials report that they have identified a new coronavirus
Jan	9	China reports the first confirmed case of a death related to the novel coronavirus
Jan	13	Thailand reports a case of novel coronavirus, the first reported outside of China
Jan	16	Japan reports a case of novel coronavirus, the second reported outside of China
Jan	20	The United States of America confirms its first case in Washington State
Jan	21	The WHO confirms human-to-human transmission of the virus
Jan	23	Wuhan is placed under quarantine
Jan	24	France reports three cases of novel coronavirus, the first reported in Europe
Jan	25	Australia, Canada, and Malaysia confirm their first cases
Jan	26	China becomes first country to close all schools and universities across the country
Jan	27	Germany, Cambodia, and Sri Lanka all confirm their first cases
Jan	27	The Bill & Melinda Gates Foundation commits their first \$10 million USD to combat the virus
Jan	29	The United Arab Emirates report the first case in the Eastern Mediterranean region
Jan	30	India confirms its first case
Jan	30	WHO declares the COVID-19 outbreak a "public health emergency of international concern"
Jan	31	Russia, Spain, Sweden, Italy, and the UK all confirm their first cases
Feb	2	The first confirmed COVID-19 death outside of China is reported in the Philippines
Feb	3	China launches the first clinical trials into remdesivir for treating COVID-19
Feb	5	The Bill & Melinda Gates Foundation commits \$100 million USD to combat the virus
Feb	6	The first death is reported in the USA
Feb	7	WHO announces a "severe global disruption" in the market for personal protective equipment
Feb	7	Li Wenliang, a doctor who initially tried to raise the alarm on COVID-19, dies – his death sparks a global outrage

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Feb	8	WHO director-general Tedros Adhanom Ghebreyesus criticizes the levels of misinformation spreading around the virus, saying “we’re not just battling the virus; we’re also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response”
Feb	8	Italy places the entire country under lockdown
Feb	9	The death toll for the novel coronavirus tops 800, now surpassing the death toll of SARS
Feb	9	National University of Singapore announces that it will move all classes of 50 students or more online
Feb	10	The death toll for the novel coronavirus tops 900, now surpassing the death toll of MERS
Feb	10	The UK health department declares COVID-19 an “imminent threat”
Feb	11	WHO officially labels the novel coronavirus as COVID-19
Feb	11	The confirmed death toll tops 1,000
Feb	14	Egypt reports their first case, also the first in Africa
Feb	15	France reports the first death from COVID-19 outside of Asia
Feb	15	The UN’s Food and Agricultural Organization raises alarms over record locust swarms threatening food supplies in Africa
Feb	19	Iran confirms its first case
Feb	21	Lebanon and Israel confirm their first cases
Feb	24	US biotech firm Moderna begins testing a potential vaccine
Feb	26	Brazil reports its first case, also the first in South America
Feb	26	For the first time there are more daily reported cases outside of China than inside of China
Feb	28	Mexico, Ireland, New Zealand, Nigeria, and Iceland all report their first cases
Feb	28	Stock markets worldwide report their largest single week decline in more than a decade
Mar	2	Portugal, Indonesia, Morocco, Saudi Arabia, and Senegal all report their first cases
Mar	3	Chile, Argentina, and Ukraine all report their first cases
Mar	4	Poland reports its first case
Mar	5	South Africa and Palestine report their first cases
Mar	6	Peru, Colombia, Slovakia, Cameroon, and Togo report their first cases
Mar	7	Confirmed global cases reach 100,000
Mar	8	Over 100 countries confirm cases of COVID-19
Mar	9	Poland joins a list of countries implementing a national ban on mass gatherings and nationwide closings of educational and cultural institutions
Mar	10	Harvard University announces it will suspend in-person classes and shift to online learning where possible
Mar	11	The WHO issues statement declaring COVID-19 a pandemic

<i>Month</i>	<i>Date</i>	<i>Event</i>
Mar	11	Cuba, Honduras, and Turkey all confirm their first cases
Mar	12	A National Basketball Association (NBA) player tests positive for the virus and the league suspends play indefinitely. All other major US sports leagues quickly follow suit in the coming days.
Mar	12	Actor Tom Hanks and his wife Rita Wilson confirm they have tested positive for the virus
Mar	12	Broadway temporarily halts all shows
Mar	13	The USA declares COVID-19 a national emergency
Mar	13	Kazakhstan, Puerto Rico, and Kenya confirm their first cases
Mar	13	Sophie Trudeau, wife of Canadian prime minister Justin Trudeau, tests positive for the virus
Mar	14	Spain announces a nationwide lockdown
Mar	15	The European Union restricts exporting personal protective equipment outside of the EU
Mar	15	The Union of European Football Associations (UEFA) postpones all Champions League and Europa League soccer matches indefinitely
Mar	16	Moderna becomes first company to kick off human trials of a potential vaccine
Mar	16	Walt Disney World temporarily closes due to the virus
Mar	17	The European Union bans most nonessential incoming travel
Mar	17	The University of Minnesota begins testing hydroxychloroquine, a well-known malaria treatment drug, in relation to COVID-19
Mar	17	The International Organization for Migration and the UN Refugee Agency temporarily suspend refugee resettlements
Mar	17	President Emmanuel Macron announces France will go into lockdown
Mar	18	Eurovision Song Contest, one of the world's most watched events, is cancelled for the first time in its 64-year history
Mar	18	Non-EU citizens are barred from entering the EU
Mar	19	California becomes the first state in the USA to issue a stay-at-home order
Mar	19	Wuhan reports no new daily cases for the first time since the pandemic began
Mar	19	The state of California announces lockdown measures
Mar	19	Netflix announces they will reduce their bandwidth in Europe for 30 days to help with crippling bandwidth overload as more people are home and streaming
Mar	20	Papua New Guinea, Cape Verde, and Madagascar report first confirmed cases
Mar	20	Cannes Film Festival is postponed for 2020
Mar	22	Opera legend Plácido Domingo tests positive for the virus
Mar	23	UN secretary-general António Guterres calls for a global ceasefire to help combat COVID-19
Mar	24	India announces nationwide lockdown
Mar	24	The Summer Olympics and Paralympics are officially postponed until July 2021

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Mar	24	Ryanair, one of the largest carriers in Europe, announces that they will ground all flights until at least June
Mar	24	New Zealand introduces the bubble metaphor to help control the spread of the pandemic
Mar	25	74th Annual Tony Awards are postponed indefinitely
Mar	25	Ethiad Airlines announces that they will be grounding all flights
Mar	25	Prince Charles tests positive for the virus
Mar	26	The USA becomes the country with the most reported confirmed infections
Mar	27	The United States Congress passes the CARES Act, the largest economic recovery package in history, providing for more than \$2 trillion in COVID-19 relief
Mar	27	UK prime minister Boris Johnson tests positive for the virus
Mar	27	The International Monetary Fund (IMF) announces a global recession
Mar	28	Portugal announces that all foreigners will be treated as residents to ensure that they have treatment to healthcare and public services
Mar	31	El Salvador announces their first COVID-related death
Apr	1	For the first time since WWII, the Wimbledon tennis tournament is cancelled
Apr	2	Confirmed global cases top 1 million
Apr	5	South Sudan reports its first confirmed case
Apr	7	Countries around the world have already pledged more than \$4.5 trillion worth of emergency measure spending – Malta and Japan top the list in terms of spending as percentage of GDP, each over 20%
Apr	8	China lifts the lockdown on the city of Wuhan
Apr	10	Confirmed global death toll tops 100,000
Apr	10	Burning Man Festival cancelled for 2020
Apr	10	Pope Francis leads a Good Friday service in an empty St. Peter's Square
Apr	10	EU finance ministers agree to a 500-euro bailout for member countries who have been heavily impacted by the virus
Apr	15	The number of confirmed global cases passes 2 million
Apr	15	The first anti-shutdown protests in the USA are held in Lansing, Michigan. Trump praises the protestors, which helps to spur more such protests across the country.
Apr	15	The Bill & Melinda Gates Foundation increases funding to \$250 million to combat the virus
Apr	16	The first reported case of COVID-19 is reported in Cox's Bazar, the world's largest refugee camp located in Bangladesh
Apr	16	Poland implements a nationwide face mask order
Apr	17	The "One World: Together at Home" concert, curated by Lady Gaga, takes place
Apr	20	NYC Gay Pride Parade, one of the world's largest, is cancelled for the first time in its 50-year history

<i>Month</i>	<i>Date</i>	<i>Event</i>
Apr	20	US oil prices fell below zero for the first time in history
Apr	21	The number of confirmed global cases passes 2.5 million
Apr	21	Jeff Bezos, already the world's richest man, is reported to have made nearly \$25 billion since the pandemic began, a number that would more than triple over the next three months amid crumbling economies and widespread unemployment
Apr	21	The World Food Programme announces that COVID-19 could double the number of people facing food crisis
Apr	21	The European Union issues aviation safety measures, including face mask requirements
Apr	22	The World Bank announces that global remittances could fall by almost 30% for 2020
Apr	22	The Papua New Guinea controller announces a new confirmed case in the Eastern Highlands Province, bringing the total confirmed number of cases in the country to eight
Apr	23	It is announced that newly popular web application Zoom has passed more than 300 million daily users
Apr	24	Trump suggests the possibility of injecting disinfectants to beat the virus
Apr	25	The global death toll passes 200,000
Apr	26	The city of Toronto announces that several hundred homeless people are being moved to hotels to help prevent the spread of the virus, a move becoming increasingly common in many countries
Apr	27	The Los Angeles Lakers return their \$4.6 million payroll protection bailout amid public outcry
Apr	28	The number of confirmed cases in the United States passes 1 million, the first country to reach that mark
Apr	28	As measles outbreaks appear in several countries, UNICEF issues statement warning about the negative impacts of children missing routine vaccinations
Apr	30	Russian prime minister Mikhail Mishustin tests positive for the virus
Apr	30	The Little League World Series (baseball) cancels its 2020 tournament
May	3	Italy reopens its borders to tourists
May	3	Clothing retailer J. Crew files for bankruptcy citing COVID-19 as a cause
May	5	Neil Ferguson, UK coronavirus advisor, resigns after violating the lockdown rules he helped to implement
May	5	Trump announces that the country's coronavirus task force will be phased out
May	8	The USA blocks a UN Security Resolution calling for a global ceasefire so that countries can focus on COVID-19 because they mention the WHO
May	8	United States Food and Drug Administration approves first at-home test for COVID-19 using saliva
May	8	US unemployment rate hits 14.7%, the highest levels since the Great Depression

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<i>Month</i>	<i>Date</i>	<i>Event</i>
May	9	South Korea sees a new outbreak of cases linked to nightclubs
May	10	The first case appears in Wuhan, China, in over a month
May	10	Avianca, the world's second oldest airline and one of the largest in Latin America, files for bankruptcy
May	14	The number of deaths globally passes 300,000
May	14	Pope Francis invites people of all faiths to pray together for an end to the virus
May	15	WHO announces links between COVID-19 and multisystem inflammatory syndrome in children and adolescents
May	15	A study finds that homelessness in the United States could increase by as much as 45%
May	18	United Nations secretary-general Antonio Guterres argues that the virus must be a “wake-up call” and that we must reshape our economies and societies to be fairer and more inclusive
May	19	A migrant worker in India is found dead after trying to walk home due to travel lockdowns; it will not be an isolated case
May	19	Cambridge University announces all classes to be online until summer 2021
May	20	Mount Everest becomes visible from Kathmandu for first time in decades amidst a radical drop in air pollution levels due to the lockdown
May	20	The Arab Coordination Group commits \$10 billion to fight the virus
May	21	The number of confirmed cases globally passes 5 million
May	22	Confirmed cases on the African continent pass 100,000
May	22	Executives at US biotech firm Moderna cash in over \$30 million in stock as the company announces promising vaccine results
May	22	WHO announces that more than 80 million babies could be missing childhood vaccinations as a direct result of the pandemic
May	25	George Floyd, an African American man, is murdered by police in Minneapolis, setting off a wave of global protests against racial inequality
May	25	Brazilian president Jair Bolsonaro repeats his claim that COVID-19 is just a “little flu”
May	27	The death toll in the USA reaches 100,000
May	28	Tyson Food Plant in Iowa (USA) is shut down after an outbreak, launching a series of closures of meatpacking plants
May	28	Chinese president Xi Jinping, pledges \$2 billion to help fight coronavirus during a meeting of the WHO
May	28	The Boston Marathon (which has earlier been postponed in April) is cancelled for 2020
May	29	Trump announces that the USA will be terminating their relationship with the WHO
May	29	Passengers on a flight to Lanzarote in Spain's Canary Islands are quarantined upon landing after a passenger received positive test results mid-flight

<i>Month</i>	<i>Date</i>	<i>Event</i>
May	30	India announces an end to national lockdown
June	1	It is estimated that Elon Musk made more than \$750 million in the last week alone
June	2	A new report finds that ethnic minorities in the UK are up to 50% more likely to die from COVID-19 than White people are
June	2	OECD announces an estimated 60% drop in international tourism during 2020 due to the virus
June	3	A new model suggests that stricter lockdowns are better for economies than longer-term more moderate ones
June	5	The WHO recommends that all people wear masks in public spaces
June	8	New Zealand is declared “virus free” after having no new reported cases for two weeks
June	8	The World Bank estimates the global economy could shrink by between 5% and 8% for 2020, and more than 90% of national global economies are expected to suffer
June	8	The World Bank estimates an additional 70 to 100 million could be pushed into extreme poverty (meaning living on less than \$1.90 a day) as a direct result of the pandemic
June	8	Environmentalists raise the concern that there will soon be more masks than jellyfish in the Mediterranean due to improper waste disposal
June	10	Confirmed cases in the USA pass 2 million
June	15	France reopens borders with most EU and Schengen member countries
June	16	Peruvian president Martín Vizcarra refers to the virus as “the most serious crisis in our history”
June	16	It is announced that COVID related data in the United States will now be collected in part by a private technology firm rather than the CDC
June	17	The WHO announces that further trials into hydroxychloroquine will be halted
June	17	President of Honduras, Juan Orlando Hernández, tests positive for the virus
June	18	President of Kazakhstan, Nursultan Nazarbayev, tests positive for the virus
June	19	The number of confirmed cases in Brazil reaches 1 million, the second country to hit that landmark
June	19	Confirmed global counts pass 250,000 new cases in a single day
June	21	Spain eases lockdown measures
June	21	Trump holds a political rally in Tulsa, OK, sparking political outrage for having a large gathering
June	21	Former Iraqi soccer star Ahmed Radhi dies from COVID-19
June	23	Tennis star Novak Djokovic tests positive for the virus
June	23	UNICEF predicts an additional 120 million children could be pushed into poverty in South Asia
June	24	South Africa announces launch of first vaccine trial in that country

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xx Timeline of COVID-19

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<i>Month</i>	<i>Date</i>	<i>Event</i>
June	25	The Centers for Disease Control and Prevention announce that the actual number of cases may be ten times higher than what is being counted
June	27	The New York Stock Exchange has returned to pre-COVID levels
June	28	Confirmed global cases reach 10 million
June	28	Confirmed global deaths reach 500,000
June	28	More than 100 influential world leaders issue a statement calling for any COVID-19 vaccine to be a global common good
June	29	Broadway announces they will remain closed through the end of 2020
June	29	WHO director-general says the pandemic is “not even close to being over”
July	1	Portugal begins welcoming tourists from 15 non-European countries for purposes of boosting their tourist industry
July	1	Tokyo Disney reopens to the public after having been closed for four months
July	2	Miami-Dade County issues a curfew to help curb the dramatic increase in cases there
July	3	The CDC announces an outbreak among college students who went on spring break vacations, one of many as a result of ignoring lockdown and safety measures
July	4	The Lleida province in northeastern Spain orders a new lockdown amidst a wave of new outbreaks there
July	5	Kazakhstan becomes the first country in the world to go back into full lockdown
July	6	Businesses in Washington State (USA) can no longer legally serve customers unless they are wearing a mask
July	6	A new report by the International AIDS Society suggests that efforts to combat COVID could cause more than 1 million extra deaths from other illnesses
July	6	Harvard University announces all fall 2020 instruction will be online
July	7	Jair Bolsonaro, president of Brazil, tests positive for COVID-19
July	7	Serbia reintroduces lockdown measures after cases begin to spike
July	7	The European Commission predicts that the Eurozone economy will contract by more than 8% in 2020
July	8	Confirmed cases in the USA top 3 million
July	8	Brooks Brothers files for bankruptcy
July	8	Melbourne goes back into lockdown as cases there begin to surge again
July	8	Bolsonaro vetoes COVID-19-related protections for Brazil’s Indigenous populations
July	9	Oxfam announces that more than 12,000 people could die a day from COVID-related hunger by the end of the year

<i>Month</i>	<i>Date</i>	<i>Event</i>
July	10	WHO director-general says, “the greatest threat we now face is not the virus itself. Rather, it’s the lack of leadership and solidarity at the global and national levels”
July	10	A bus driver in France who was beaten by passengers refusing to wear mandatory masks dies
July	11	Trump wears a mask in public for the first time since the pandemic began
July	12	Bollywood star Amitabh Bachchan tests positive for the virus
July	12	Massive protests erupt in Israel over the government’s handling of the pandemic
July	13	Kazakhstan marks July 13th as a National Day of Mourning for COVID-19 victims
July	17	Confirmed cases in Brazil top 2 million
July	17	Confirmed cases in India top 1 million
July	20	Oxford announces promising results of a new vaccine trial; the UK has already ordered 100 million doses. There are already 24 vaccines in human trials around the world.
July	20	London witnesses another protest against the wearing of masks
July	20	The Dominican Republic declares a state of emergency amidst soaring number of cases
July	20	Venezuela returns to lockdown status as 20% of their total cases were reported in just the previous week
July	21	European Union leaders agree on a new 750 billion euro stimulus plan to help fund Europe’s recovery from the virus
July	21	Trump announces that he will soon resume regular public briefings related to the virus, a practice he had discontinued since April, calling them “a waste of time”
July	21	Climate activist Greta Thunberg announces that she will donate 100,000 euros to combat the spread of COVID-19 in the Brazilian Amazon
July	21	The government of the Bahamas announces that they are banning travelers from the US and other countries where COVID-19 is surging
July	22	University of California Berkeley announces that all classes for the fall will be online
July	22	Confirmed global cases reach 15 million
July	22	A new study reports that as many as nearly one in four people in Delhi might have already contracted the virus
July	22	Jeff Bezos, already the world’s richest man, adds \$13 billion to his wealth in a single day
July	23	Confirmed cases in the USA top 4 million
July	23	China announces \$1 billion in loans to Latin America and the Caribbean for vaccine access
July	24	The Republican Party in the USA announces that their national convention will be cancelled

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(Continued)

<i>Month</i>	<i>Date</i>	<i>Event</i>
July	24	Uganda records its first coronavirus death; the country so far has just over 1,000 confirmed cases
July	24	Sao Paulo, Brazil, announces their legendary Carnival festivities will be postponed until at least May or June 2021
July	25	Emirates Airlines announces they will cover all medical expenses if a passenger catches COVID-19
July	25	Vietnam records its first locally transmitted case in 100 days
July	25	North Korea reports its first case, blaming it on a man reportedly returning from South Korea
July	26	India reports its single highest daily increase so far – nearly 50,000 cases
July	27	The first phase 3 vaccine trial begins in the USA
July	27	Tedros Adhanom Ghebreyesus, director-general of the WHO, says that coronavirus “has changed our world. It has brought people, communities and nations together, and driven them apart” and “it has shown what humans are capable of, both positively and negatively”
July	27	The Netherlands begins allowing “lovers” of citizens to enter the country recognizing that partner relationships are not always legal ones
July	27	Hong Kong makes it compulsory to wear masks in public
July	27	China reports its highest number of local COVID-19 infections since March
July	27	A Brazilian healthcare union representing more than 1 million workers files charges against President Bolsonaro of “crimes against humanity” for his response to the pandemic
July	27	Papua New Guinea confirms its first COVID-19-related death
July	28	A new report suggests that nearly 7 million more children could suffer from acute malnutrition as a direct result of the consequences of the pandemic
July	28	Bolivia declares a “state of public calamity” due to the financial impact of the virus
July	28	A new report from the UN World Tourism Organization states that the global tourism industry lost more than \$320 billion between January and May
July	28	Colombia reports high daily increase in new cases since the beginning of the pandemic
July	29	Russia claims that they will approve the world’s first COVID-19 vaccine and do so in less than two weeks
July	29	Hajj begins in Saudi Arabia with 1,000 pilgrims, rather than the usual 2 million
July	30	The USA economy is reported to have shrunk at a 32.9% annual rate between April and June, the deepest decline since the government began keeping records in 1947. Meanwhile, Europe’s economy shrank by 11.9%.

<i>Month</i>	<i>Date</i>	<i>Event</i>
July	30	Amazon reports that sales have soared 40% in the three months ending June. Meanwhile, the number of people using Facebook, WhatsApp, and Instagram report a jump of 15%.
July	30	A new report suggests that just two weeks of physical distancing policies cut the spread of the virus by 65% globally
July	31	Vietnam records its first COVID-19 death
July	31	Hong Kong postpones Legislative Council elections
July	31	<i>The Lancet</i> , a leading medical journal, calls widespread false information related to the pandemic a threat to public health
Aug	1	A large demonstration takes place in Berlin to protest COVID-19 restrictions
Aug	2	Confirmed cases in South Africa top 500,000
Aug	2	Confirmed cases in the Philippines top 100,000, prompting President Rodrigo Duterte to reimpose stricter lockdowns on Manila
Aug	3	Retail legend Lord & Taylor files for bankruptcy
Aug	3	Mexico announces that school will begin with remote learning in the fall, a decision that impacts more than 30 million students
Aug	3	Portugal sees a 96% decline in overnight stays by foreigners in the month of June – tourism accounts for roughly 10% of Portugal's GDP; Spain also reports a 97.7% drop in tourism – tourism accounts for roughly 11% of Spain's GDP
Aug	4	Confirmed cases in Latin America and the Caribbean top 5 million
Aug	4	Virgin Atlantic files for bankruptcy
Aug	5	Kosovo prime minister Avdullah Hoti tests positive for the virus
Aug	5	The Indianapolis 500, one of the world's largest sporting events, says it will run without fans – before the pandemic expectations had been that more than 300,000 spectators would attend the event
Aug	5	Twitter temporarily restricts the Trump campaign's ability to tweet over false COVID-19 claims that children are "almost immune"; Facebook also took down similar posts
Aug	5	Kenya cancels the entire 2020–21 academic school year for students in pre-K through high school, a decision affecting more than 18 million students (colleges and universities will still hold classes, but will do so online until at least January 2021)
Aug	5	<i>Foreign Policy</i> magazine's COVID-19 Global Response Index ranks the USA 31st among 36 countries – New Zealand tops the list with the best response score
Aug	7	Confirmed cases in Africa top 1 million, more than half of those are located in South Africa
Aug	7	Confirmed cases in India pass 2 million – it took over six months to reach the first million, only 12 more days to reach 1.5 million, and only nine more days to reach 2 million
Aug	7	Italy extends COVID-19 safety measures through September
Aug	7	Ireland's prime minister Micheál Martin announces new regional lockdowns amidst rising number of cases in the country

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(Continued)

<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	7	Howard University announces that classes will be entirely online for fall 2020
Aug	7	The US state of California tops more than 10,000 deaths related to COVID-19, more than in many individual countries, including more than twice as many as in China
Aug	9	Confirmed cases in Brazil top 3 million the same day that confirmed deaths top 100,000 in that country
Aug	9	Confirmed cases in the USA top 5 million – it took the country 99 days to reach 1 million cases, and only an additional 103 days to quintuple that number
Aug	10	Paris joins an increasingly long list of cities making masks compulsory at outdoor sites
Aug	10	Dr. Mike Ryan, executive director of the World Health Organization's Health Emergencies Programme, announces, "the virus is proving exceptionally difficult to stop"
Aug	10	Actor Antonio Banderas announces that he has tested positive for the virus
Aug	11	Employment in the UK fell by the biggest quarterly amount since 2009
Aug	11	Russia announces that they have approved the world's first COVID-19 vaccine, calling it Sputnik-V, and claims that some 20 countries have already requested more than a billion doses. As they have not released any scientific data related to the vaccine, many leading global health experts remain skeptical.
Aug	11	New Zealand records first locally transmitted cases in 102 days
Aug	11	The USA strikes a deal worth more than \$1.5 billion to buy 100 million doses of COVID-19 vaccine from Moderna
Aug	12	Confirmed cases in Kazakhstan top 100,000
Aug	12	UK economic output shrank by more than 20% in the second quarter, the worst quarterly slump on record, and pushing that country into the deepest recession of any major global economy
Aug	12	Confirmed cases in the US state of Texas pass 500,000
Aug	12	It is announced that the Masters golf tournament will be held without spectators
Aug	12	Churchill Downs racetrack announces that the already delayed Kentucky Derby will be run with less than 15% of their regular attendance
Aug	12	A new report indicates that there was a 58% drop in the number of civilians killed or injured by explosives between April and July as compared to a year ago
Aug	12	Spain's Galicia region bans smoking in public places if physical distancing is not possible
Aug	12	A report by the WHO indicates that as many as 800 million children are not able to properly wash their hands at school

<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	13	The WHO and IMF estimate that the global economy is losing more than \$375 billion a month due to the pandemic. The cumulative loss is expected to top \$12 trillion over two years.
Aug	13	Pharmaceutical company AstraZeneca signs an agreement with Mexico-based Slim Foundation to produce vaccine for the entirety of Latin America, minus Brazil
Aug	13	A survey by the CDC found that more than 40% of respondents report struggling with additional mental health issues as a result of the pandemic
Aug	14	Columbia University becomes the latest to announce that all undergrad classes will be online
Aug	14	Confirmed cases in Peru and Mexico both top 500,000
Aug	15	California becomes first state in the USA to pass 600,000 cases
Aug	15	Mexico announces 30 days of national mourning to honor the country's COVID-19 victims
Aug	16	The confirmed death toll in India tops 50,000
Aug	16	New Zealand announces that their general election will be postponed for four weeks due to a renewed outbreak of the virus
Aug	16	Japan reports a 7.8% decline in GDP in the second quarter, the worst since modern recording started there in 1980
Aug	16	The number of confirmed cases in Bolivia tops 100,000 amidst protests over election postponement
Aug	17	Dr. Ashish Jha, director of the Harvard Global Health Institute, argues that the USA had the worst response to COVID-19 of any major country
Aug	17	COVID-19 is now the third leading cause of death in the USA, just behind heart disease and cancer but ahead of lung disease and diabetes
Aug	18	South Korea suspects in-person church services after an outbreak there is tied to a religious sect
Aug	18	The University of North Carolina Chapel Hill moves all classes to online after an outbreak among students. Many other universities are doing the same after significant outbreaks among students who have returned to campus.
Aug	18	Lebanon announces a renewed countrywide lockdown amidst a surge in confirmed cases
Aug	18	The Pan American Health Organization announces that despite having only 13% of the world's population, the Americas account for more than 64% of deaths related to COVID-19 globally
Aug	19	Apple becomes the first US corporation to top a net worth of more than \$2 trillion. Their stock prices have doubled since March 2020.
Aug	19	The New York Police Department creates a special Asian Hate Crime Task Force in response to a marked increase in anti-Asian hate crimes during the pandemic

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	19	Confirmed cases in Colombia top 500,000
Aug	19	During a general audience, Pope Francis states, “On the one hand, it is imperative to find the cure for a small but terrible virus, which is bringing the whole world to its knees. On the other hand, we must cure a great virus, that of social injustice, inequality of opportunity, marginalization and lack of protection for the weakest.”
Aug	20	Sweden records the highest death tally in 150 years in the first half of 2020
Aug	20	The Brazilian Congress overrules President Bolsonaro’s veto and rules that masks are mandatory in indoor spaces. They also uphold the government’s responsibilities to protect Indigenous peoples.
Aug	20	The White House formally declares that teachers are essential workers, a move largely seen as a political attempt to resume and maintain in-person classes
Aug	21	WHO director-general states, “With more connectedness, the virus has a better chance of spreading . . . but at the same time, we also have technology to stop it, and the knowledge to stop it”
Aug	21	South Korea goes back into a stricter lockdown following a spike in cases
Aug	21	Paraguay announces social quarantine in the country’s capital, Asunción, and its central region due to an increase in cases in that country
Aug	23	The FDA in the USA issues emergency use authorization for convalescent plasma for COVID-19 treatment
Aug	24	A 33-year-old man living in Hong Kong is the first person confirmed to have had COVID-19 twice; other confirmed cases of being infected twice follow in the days after
Aug	24	Olympic superstar Usain Bolt announces he has tested positive for COVID-19
Aug	24	Kentucky Fried Chicken suspends its famous “finger lickin’ good” slogan due to coronavirus
Aug	25	Indian Institute of Technology Bombay uses avatars for virtual graduation ceremony
Aug	25	WHO announces that the pandemic is disrupting polio vaccination efforts in Africa
Aug	25	A survey from KPMG indicates that nearly 70% of large company CEO’s plan to downsize their office space
Aug	26	Argentina’s annual Tango World Championships begin virtually
Aug	27	Pew Research Center releases a report that shows the USA and UK ranking worst in terms of how their populations feel the government has handled the coronavirus; Denmark and Australia rank at the top of the list
Aug	28	Lord & Taylor, the first department store established in the USA, announces that it will be going out of business

<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	28	Brazil's "paradise islands" reopen only to tourists who have already had COVID-19
Aug	29	Notting Hill Carnival begins in the UK, but only in virtual format
Aug	30	Nearly 40,000 people protest in the streets of Berlin against coronavirus restrictions
Aug	30	Global confirmed cases top 25 million with more than 840,000 confirmed deaths
Aug	31	Confirmed cases in the USA top 6 million with more than 180,000 confirmed deaths
Aug	31	An official report shows that the Indian economy shrank by 23.9% in the three months ending June, the fastest contraction on record for that country
Aug	31	The US Department of Health and Human Services offers a \$250 million contract to a PR firm to "defeat despair and inspire hope" against the pandemic
Sept	1	Confirmed cases in Russia top 1 million cases with just over 17,000 confirmed deaths
Sept	1	Zoom reports that their company's profits rose by nearly 3,300% compared to the same period one year ago
Sept	1	A recent survey by the World Economic Forum and Ipsos among 27 countries shows that 74% of adults would get a vaccine if available – the highest rate of support was 97% in China; the lowest rate of support was 54% in Russia
Sept	1	Spain reports that they had 75% tourists in July compared to a year ago
Sept	1	Brazil officially enters into recession with a 9.7% fall in GDP in the second quarter as compared to the first quarter
Sept	1	Elon Musk becomes the third richest person in the world. His personal wealth has increased more than \$80 billion since the beginning of the pandemic.
Sept	2	Pope Francis holds his first public audience since March
Sept	2	Australia enters recession for the first time in nearly 30 years
Sept	2	The USA announces that they will not participate in an international effort to develop and distribute a vaccine because it is linked to the WHO
Sept	2	More than 570,000 healthcare workers across the Americas have been infected by the virus
Sept	2	The Moria refugee camps in Greece confirm their first case of COVID-19
Sept	3	Actor Dwayne "The Rock" Johnson announces that he and his family have tested positive for the virus
Sept	4	Confirmed cases in Brazil top 4 million with nearly 125,000 confirmed deaths
Sept	4	A recent WHO survey of 105 countries shows that 46% of those countries reported disruptions in malaria treatment and diagnosis
Sept	4	The WHO announces that COVID-19 deaths are likely undercounted at this time

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Sept	4	WHO director-general Tedros Adhanom Ghebreyesus states, “the first priority must be to vaccinate some people in all countries, rather than all people in some countries,” making the point that people, not countries, should be given priority when a vaccine becomes available
Sept	4	According to an article in <i>The Lancet</i> , Russia’s COVID-19 vaccine generates an immune response
Sept	5	Confirmed cases in India top 4 million with nearly 70,000 confirmed deaths
Sept	7	Confirmed cases in Egypt top 100,000
Sept	7	Confirmed cases in Spain top 500,000, more than any other country in Western Europe
Sept	8	Nine of the leading vaccine makers announce a pledge to follow “high ethical standards” in vaccine development and release
Sept	8	Some World Cup–qualifying games are moved to 2021 because of the pandemic
Sept	9	Drug maker AstraZeneca pauses coronavirus vaccine trial after a volunteer comes down with an unexplained illness
Sept	9	A new report suggests that the USA undercounted coronavirus cases by as much as 90% and that there might have been over 6.4 million cases by as early as April 18
Sept	12	Delhi’s subway system reopens after having been closed for more than five months
Sept	13	Confirmed daily cases in France top 10,000 in a day, the highest count since the pandemic began
Sept	13	Confirmed daily cases globally reach 307,930, the highest 24-hour increase since the pandemic began
Sept	13	The Gates Foundation releases their annual Goalkeepers Report, which argues that the pandemic has set global progress back by “25 years in 25 weeks”
Sept	16	Confirmed cases in India top 5 million cases
Sept	16	A new analysis by UNICEF indicates that an additional 150 million children have been plunged into poverty as a result of the pandemic, bringing the total number of children living in multidimensional poverty to over 1.2 billion
Sept	17	India reports 97,894 new cases in a single day, the highest of any country since the pandemic began
Sept	17	Confirmed global cases top 30 million
Sept	18	Israel begins a second general lockdown amidst a surge in cases in that country
Sept	18	London announces that they are cancelling their New Year’s Eve firework display
Sept	20	The Emmy Award ceremony takes place virtually

<i>Month</i>	<i>Date</i>	<i>Event</i>
Sept	22	Confirmed COVID-19-related deaths in the USA top 200,000 (an average of more than 850 deaths per day since the first death was reported on February 6)
Sept	23	WHO director-general Tedros Adhanom Ghebreyesus states, “Just as COVID-19 has spread around the world, so too have rumors, untruths, and disinformation. And they can be just as dangerous.”
Sept	23	The Metropolitan Opera cancels their 2020–21 season due to concerns about the pandemic
Sept	23	An announcement is made that New York City’s Times Square annual New Year’s Eve ball drop – one of the largest NYE celebrations in the world – will be virtual this year
Sept	25	Confirmed cases in the USA top 7 million
Sept	26	A new report reveals that fewer than 20% of Brits self-isolated after showing key COVID-19 symptoms
Sept	28	Confirmed cases in India top 6 million – it took six months for that country to reach 1 million cases but only two more months to reach 6 million cases
Sept	28	It is announced that the G20 Summit will be held virtually in November
Sept	28	New York State extends residential eviction protections through the end of the year
Sept	28	Confirmed COVID-19-related deaths top 1 million globally
Sept	30	India’s vice president, M. Venkaiah Naidu, tests positive for COVID-19
Sept	30	A new report suggests that as many as 60 million people in India might have already contracted the virus
Oct	1	A new survey shows that more than 61% of households in the USA with children under 18 are dealing with increased financial hardship due to the pandemic, with 44% of households reporting spending all or most of their savings during the pandemic
Oct	1	A new study suggests that more than 500,000 additional girls are at risk of child marriage due to the pandemic
Oct	1	Gavi, the Vaccine Alliance approves \$150 million to help 92 low- and middle-income countries obtain and deliver a future vaccine
Oct	1	A report suggests that Trump was likely the largest driver of misinformation related to the COVID-19 pandemic
Oct	1	Global clothing retailer H&M announces that they will be closing 250 stores as a result of the pandemic
Oct	2	Donald and Melania Trump both announce having tested positive for the COVID-19 virus – a large number of people who work closely with Trump soon follow with confirmations of having tested positive
Oct	3	Confirmed COVID-19-related deaths in India top 100,000
Oct	3	Poland reports 2,367 new confirmed cases – the highest reported daily increase since the pandemic began

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	4	Pope Francis says that capitalism has failed during the pandemic
Oct	5	Confirmed global cases top 35 million – more than half of those cases are in the USA, India, and Brazil
Oct	6	A new report from the WHO suggests that as many as one in ten people on the planet might have already had the virus
Oct	7	The <i>New England Journal of Medicine</i> publishes an editorial condemning the Trump administration's response to the pandemic
Oct	7	Canada's weekly average of new COVID-19 cases reaches its highest levels since the pandemic began
Oct	7	More than 1,000 new cases are linked to a single garment factory in Sri Lanka
Oct	8	Confirmed cases in Brazil top 5 million with nearly 150,000 deaths
Oct	8	The World Bank releases a report indicating that as many as 115 million more people could be pushed into extreme poverty by the end of 2020, and as many as 150 million during 2021, as a result of the pandemic
Oct	8	The UK reports 17,540 new confirmed cases – the highest reported daily increase since the pandemic began
Oct	9	China officially joins the COVAX vaccine initiative
Oct	9	Broadway announces that all shows will be suspended through at least May 2021
Oct	9	The United Nations World Food Programme wins the 2020 Nobel Peace Prize in part because of their efforts to combat food scarcity during the pandemic
Oct	9	The WHO reports 350,766 new confirmed COVID-19 cases in a single day – the highest daily confirmed increase by that organization since the pandemic began
Oct	9	Canada reports 2,558 new confirmed daily cases – the highest reported daily increase since the pandemic began
Oct	10	France reports 26,896 new confirmed daily cases – the highest reported daily increase since the pandemic began
Oct	11	Confirmed cases in India top 7 million. The country maintains one of the lowest death rates in the world.
Oct	11	Confirmed death toll in Brazil tops 150,000
Oct	12	Confirmed cases in Latin America and the Caribbean top 10 million – with almost 370,000 confirmed deaths related to the virus
Oct	12	WHO director-general Ghebreyesus speaks out against a “herd immunity” approach as the primary way to control the virus citing, “letting COVID-19 circulate unchecked therefore means allowing unnecessary infections, suffering, and death”
Oct	12	Chinese authorities in the town of Qingdao plan to perform 9 million tests on the population over the course of five days after a dozen new cases were reported in the city
Oct	12	Four members of the Swiss Guard, the elite guard that protect Pope Francis, have tested positive for the virus

<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	12	Confirmed cases in Iran top 500,000 with just over 28,800 confirmed deaths related to the virus
Oct	12	Drug maker Johnson & Johnson pause their advanced clinical trial of a vaccine because of an “unexplained illness” in one of the volunteers
Oct	13	South Korea mandates the use of face masks at all crowded facilities
Oct	13	Fans are able to attend a Major League Baseball game in person for the first time since March
Oct	13	Russia reports 13,868 new confirmed cases – the highest reported daily increase since the pandemic began
Oct	13	Soccer star Cristiano Ronaldo tests positive for the virus
Oct	13	The New York Philharmonic cancels their entire season for the first time in history
Oct	14	A woman in the Netherlands dies after having caught the virus twice, the first reported reinfection death
Oct	14	Portuguese Prime Minister, Antonio Costa, declares a “state of calamity” in that country because of the pandemic
Oct	16	Confirmed cases in the USA top 8 million, another 1 million cases were added in just the last three weeks
Oct	18	Slovakia’s Prime Minister, Igor Matovic, announces plans to test every person in that country
Oct	18	Switzerland announces a nationwide mask mandate
Oct	19	Confirmed global cases top 40 million, with more than 1.1 million confirmed deaths as a result of the virus
Oct	19	China announces that their economy expanded by 4.9% from the July-to-September period as compared to one year ago
Oct	19	Portugal surpasses 100,000 confirmed cases though their death toll remains low at just 2,198
Oct	19	Confirmed cases in Argentina top 1 million
Oct	21	Confirmed cases in Spain top 1 million
Oct	22	Confirmed cases in France top 1 million
Oct	21	The UK reports a highest single-day increase so far with 26,688 new confirmed cases; Italy also reports a new daily high with 16,079 cases
Oct	22	The FDA approves Remdesivir as a treatment for hospitalized COVID-19 patients despite that a WHO study found that the drug does not help patients to survive or even recover faster
Oct	22	Macy’s announces that Santa Claus will not visit their stores this year, breaking a 159 year old holiday tradition
Oct	23	Uruguay announces that they will close their borders over the summer season to help prevent the spread of the virus
Oct	23	Polish president Andrzej Duda tests positive for the virus
Oct	24	Confirmed cases in Colombia top 1 million
Oct	24	Feeding America, the largest hunger relief organization in the USA, announces that up to 54 million people in that country could soon face food insecurity, 17 million more than before the pandemic

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xxxii Timeline of COVID-19

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	25	Spain imposes a national nighttime curfew to help curb the spread of the virus
Oct	26	It is suggested that as many as 1 in 5 members of Russia's lower house of parliament have had or currently have COVID-19
Oct	26	A new report suggests that 40–45% of people infected with the virus remain asymptomatic but may account for more than 50% of transmissions
Oct	27	Confirmed daily new cases globally top 500,000 for the first time since the pandemic began
Oct	27	Russia and Portugal both impose a nationwide mask mandate
Oct	27	The Czech Republic reports a record 15,663 new daily cases – it is currently the country with the highest reported cases per million in all of Europe
Oct	28	Confirmed cases in India top 8 million
Oct	28	Taiwan goes 200 straight days without recording any locally transmitted cases
Oct	30	Confirmed global cases top 45 million
Oct	30	Confirmed cases in the USA top 9 million, another 1 million cases were added in just the last two weeks
Oct	30	Confirmed cases in Japan top 100,000
Oct	30	Confirmed cases in Europe top 10 million, with more than 1.5 million cases reported in the last week alone
Oct	31	Confirmed cases in the UK top 1 million alongside an announcement of a new nationwide lockdown
Nov	1	Australia records zero new daily COVID-19 cases for the first time in 5 months
Nov	3	Hall of Fame quarterback John Elway tests positive for the virus
Nov	4	Denmark announces that they will cull all of the 17 million mink in the country in order to avoid the spread of a mutated form of the virus
Nov	4	Several European countries report new daily high case counts including Poland (27,143), Germany (19,900), and the Czech Republic (15,728)
Nov	4	The USA confirms 107,771 new daily cases, the first time any country has topped the 100,000 mark
Nov	5	Germany reports a record 21,506 new daily cases
Nov	6	France reports a record 60,486 new daily cases bringing the total to over 1.8 million; Russia also reports a record 20,582 new daily cases also bringing the total to nearly 1.8 million
Nov	6	White House Chief of Staff, Mark Meadows, tests positive for the virus
Nov	7	Joe Biden becomes the 46th president-elect in the USA and announces plans for a new coronavirus task force
Nov	7	Bosnian Prime Minister, Zoran Tegetić, tests positive for the virus
Nov	7	Britain's Queen Elizabeth is seen in a face mask for the first time during a public ceremony
Nov	7	The USA confirms 126,742 new daily cases, the highest single day increase for any country since the pandemic began
Nov	8	As surges spike all over the world, there are now more than 50 million confirmed cases and more than 1.25 million confirmed deaths as a result of the virus
nd	nd	a successful vaccine is made available to the general public

NOTES ON THE CONTRIBUTORS

Ann Abbey received her MA in clinical psychology from the Michigan School of Psychology and is also an RYT-200 yoga teacher. She has a private practice providing psychotherapy and yoga in Lake Orion, Michigan, and online. She works with adults and teens, specializing in adoptees, codependency, and trauma. Her past and current research includes the mental health of adult adoptees, vicarious trauma and resilience, and yoga as a treatment for anxiety and depression.

Nada M. Ahmed, Malin E. Almeland-Grøhn, Laila ElKoussy, Mostafa A. ElSharkawy, Farah Seifeldin, and Ahmed Ashraf Younis were undergraduate students at the American University in Cairo who participated with their professor, Noha Fikry, for work on this chapter.

Joseph A. Astorino holds a PhD in sociology from Washington State University. His doctoral work focused on environmental sociology, social stratification, and science and technology studies. He now practices applied sociology, most recently managing Community Food, a program that addresses food insecurity as a public health issue in the Palouse bioregion. He also recently led the Palouse Tables Project, a USDA-funded community assessment that utilized participatory research to design solutions addressing the causes of chronic hunger regionally. After the start of the SARS-CoV-2 pandemic in 2020, he was at home for long periods of time with his partner and co-author.

Jill Betz Bloom is a professor in the Department of Clinical Psychology at William James College, Boston, MA, co-director of the Center for Multicultural and Global Mental Health, and director of the Global Mental Health Program. Jill's broad areas of interest are international psychology and global mental health,

the social and cultural history of psychiatric diagnosis, the psychology of climate change, and gender, sexuality, and racism. Jill has presented widely at national and international conferences on global mental health, international sex trafficking, global gender violence, transnational feminism, gender and sexual identity, and prejudice and racism.

Dinur Blum is a lecturer in the Department of Sociology at California State University, Los Angeles. He received his PhD from the University of California, Riverside. He researches the social causes of mass shootings in the United States (with Christian G. Jaworski) and is publishing a forthcoming book (working title: *School, Sports, or Sleep: Student-Athletes and the College Dilemma*) exploring obstacles student-athletes face to help them in school. Dinur co-hosts the *Learning Made Easier* podcast with Dr. Adam G. Sanford, offering effective learning and teaching techniques. He has been interviewed by various news outlets as an expert on mass shootings.

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Eren Duzgun is Assistant Professor of International Relations at the Middle East Technical University, Northern Cyprus Campus. His work has been published in the *European Journal of International Relations*, the *Review of International Studies*, and the *European Journal of Sociology*, among other scholarly outlets. His forthcoming book is under contract with Cambridge University Press with the tentative title *Capitalism, Jacobinism and International Relations: Revisiting Turkish Modernity*.

Noha Fikry is a PhD student in anthropology at the University of Toronto. Her research interests include the anthropology of food, ecological anthropology, and the anthropology of the Middle East. After finishing her MA, Noha spent two academic years teaching at the American University in Cairo. Guided by her professors (including the editor of this book, J. Michael Ryan), Noha takes it as a duty to train and help critical undergraduate students get published, and this collaborative chapter is her first attempt at that.

Kate Kittredge is a limited licensed psychologist who is currently a second-year PsyD student at the Michigan School of Psychology. Kate is a registered yoga teacher (RYT-200) and has specialty training in Aireal Yoga (RYT-50). Her past and current research interests include vicarious trauma and resilience, the experience of pre- and peripartum mothers, postpartum depression in both mothers and fathers, yoga, meditation, the development of protective factors for individuals, empowerment, and trauma.

Kelly Rhea MacArthur is an associate professor of sociology at the University of Nebraska Omaha (UNO) in the Department of Sociology and Anthropology. She is a medical sociologist with teaching and research expertise in medical socialization/education and statistics. Her past work has examined various aspects of the doctor-patient relationship, with publications in journals including *Academic Psychiatry*, *BMC Medical Education*, *Social Science and Medicine*, *Numeracy*, *Child Abuse & Trauma*, and *Health Sociology Review*. Her current research focuses on the well-being of medical students, statistics pedagogy, and the effects of loneliness on health.

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World (2019); and two anthropological murder mysteries, *Gift of a Bride* and *Assisted Dying*. She has authored many articles on Indian culture, museum studies, and teaching anthropology. Serena is Associate Editor for the Gender section of the *International Encyclopedia of Sexuality* (2015). She has published extensively on sex/gender diversity, most recently on globalization among the hijras in South Asia, in *Trans Lives in a Globalizing World: Rights, Identities, and Politics* (2020).

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George Ritzer is Distinguished University Professor Emeritus at the University of Maryland. He was awarded the Distinguished Contributions to Teaching Award by the American Sociological Association, an honorary doctorate from LaTrobe University in Australia, and the Robin Williams Lectureship from the Eastern Sociological Society. His best-known work, *The McDonaldization of Society*, has been read by hundreds of thousands of students over two decades and translated into over a dozen languages. George is also author of a series of best-selling social theory textbooks and *Globalization: A Basic Text*. He is the editor of the *Encyclopedia of Social Theory* (2 vols.), the *Encyclopedia of Sociology* (11 vols.; 2nd edition forthcoming), and the *Encyclopedia of Globalization* (5 vols.) and is founding editor of the *Journal of Consumer Culture*.

J. Michael Ryan is an assistant professor of sociology at Nazarbayev University (Kazakhstan). He has previously held academic positions in Portugal, Egypt, Ecuador, and the United States of America. Before returning to academia, Michael worked as a research methodologist at the National Center for Health Statistics in Washington, DC. He is the editor of *Trans Lives in a Globalizing World: Rights, Identities, and Politics* (Routledge, 2020) and *Core Concepts in Sociology* (Wiley, 2019) and co-editor of multiple volumes, including *Gender in the Middle East and North Africa: Contemporary Issues and Challenges* (with Helen Rizzo, 2020), *The Wiley-Blackwell Encyclopedia of Social Theory* (with Bryan S. Turner et al., 2018), and *The Concise Encyclopedia of Sociology* (with George Ritzer, 2011).

Adam G. Sanford, PhD (UC Riverside 2012), is a long-term lecturer in the Department of Sociology at California State University Dominguez Hills. His research focuses on legitimacy assignment, decision-making, viral ideas, and pedagogical methods. Past research centered on socioeconomic status and life expectancy (with Dr. David Swanson), student-athletes' assignments of legitimacy to coach and family demands (with Dr. Dinur Blum), and effective teaching methods. Adam's research interests include the sociology of education, criminology and deviance, pedagogy, social theory, and cognitive studies. He co-hosts the *Learning Made Easier* podcast with Dr. Dinur Blum and has been interviewed for the *Chronicle of Higher Education*.

Scott Schaffer is Associate Professor of Sociology and Theory & Criticism at the University of Western Ontario in London, Canada, where he offers courses in classical, contemporary, and global social theory. He is the author of *Resisting Ethics* (Palgrave, 2004) and was the founding editor of the *Journal of Mundane Behavior*, which ran from 2000 to 2004 and was the first public sociology journal to begin to grapple with 9/11 and its after-effects. His current work focuses on social ethics and developing a speculative sociology to aid in staving off looming social problems at the 50- to 100-year-out mark.

Ann Emilie-Claire Smith is a faculty member at Michigan School of Psychology since 2009. She shares in the responsibility of maintaining the integrity of the academic programs of the school and teaches several clinical and theoretical courses, including the Psychology of Trauma. Ann maintains a general private practice in Ferndale, MI, and has pursued advanced study and supervision related to trauma and dissociation, eating disorders, attachment theory, and reproductive psychology. In recent years, her clinical and academic work has advocated for women and children with complex trauma in both medical and legal realms.

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groups. Her research on Deadheads (fans of the Grateful Dead) produced seven mechanisms responsible for social cohesion in that subculture. Currently, she seeks to use qualitative methods to understand the complex interaction between sublimated and realized identity among cosplayers. Her research interests include group behavior (subcultures and social movements), sociology of culture, social psychology, emotion, and pedagogy. Her work has also been featured in *Teaching Sociology*.

David Eric Troolin and his family live near the town of Kainantu in the Eastern Highlands Province, Papua New Guinea, where he works as an anthropology consultant and lecturer with the Summer Institute of Linguistics and as an adjunct fellow of the University of Adelaide. He graduated in 2019 with a doctorate in anthropology from the University of Adelaide. His thesis was entitled “*Wanbel: Conflict, Reconciliation and Personhood among the Sam People, Madang Province*.” His research interests include Melanesia, conflict, reconciliation, relationality, personhood, *wanbel*, mission studies, cargo cults, millennial movements, development, postcolonialism, applied linguistics, and Christianity.

Susanna Trnka is an associate professor in anthropology at the University of Auckland. She has over a decade of research experience examining states of emergency, political violence, and trauma in Fiji. More recently, she conducted a cross-cultural comparison of the politics of respiratory health in New Zealand and Central Europe. Her current research focuses on the impact of COVID-19 on youth mental health and digital technology use. She is the author or editor of nine books, including *Traversing: Embodied Lifeworlds in the Czech Republic* (Cornell University Press, 2020); *One Blue Child: Asthma, Responsibility, and the Politics of Global Health* (Stanford University Press, 2017); *Competing Responsibilities: The Politics and Ethics of Contemporary Life* (co-edited with Catherine Trundle, Duke University Press, 2017); and *State of Suffering: Political Violence and Community Survival in Fiji* (Cornell University Press, 2008).

Bryan S. Turner is Professor emeritus at the Graduate Center CUNY, Research Professor of Sociology at the Australian Catholic University (Sydney), Honorary Max Planck Professor Potsdam University Germany, and Research Fellow at the Edward Cadbury Center University of Birmingham England. He holds a Cambridge LittD. He published *The New Medical Sociology* (Norton, 2004). He most recently edited *Urban Change and Citizenship in Times of Crisis* (2020, with J. Mackert and H. Wolf).

1

COVID-19

Global pandemic, societal responses, ideological solutions

J. Michael Ryan

The SARS-CoV-2 virus, commonly referred to as COVID-19, is perhaps the greatest threat to life, and lifestyles, the world has known in more than a century. The first case of a “pneumonia with an unknown cause” was reported to the World Health Organization (WHO) by the Chinese authorities on December 31, 2019. The WHO declared COVID-19 a global pandemic some three months later on March 11, 2020 (though they had already labeled it a “public health emergency of international concern” as early as January 30). There are now few, if any, people on the planet that have not in some way been impacted either directly by the virus itself or by the series of lockdowns and preventative measures that have been put in place to control it. It is, with little argument, the pandemic that will mark a generation.

As of mid-October 2020, there were some 40 million confirmed cases of COVID-19 worldwide and more than 1 million confirmed deaths related to the virus. And while more than half of those cases are in just three countries – the USA, Brazil, and India – there is arguably no country on the planet that has not felt the major impacts of the pandemic. This has been the most widely responded to (emphasis on “responded to”) global pandemic in generations.

From the time the first case was officially reported to the WHO, it took just over three months for there to be 100,000 confirmed cases of COVID-19 around the world (which happened on March 7); just 12 days to double that number (March 19); and just three more days to reach 300,000 (March 22). Less than two weeks later, confirmed cases topped 1 million (April 2) and less than two weeks after that they topped 2 million (April 15). Just over a month later cases had already reached 5 million (May 21), doubling to 10 million just 38 days later (on June 28), and doubling again to 20 million just 44 days after that (August 10). It took more time for the number of cases to climb from one to 100,000 than it did for them to climb from 10 million to 20 million. From another perspective, while it took

more than 180 days to reach 10 million confirmed cases, it took just 44 more days to reach 20 million. The spread of the virus on a global level has undoubtedly been exponential rather than arithmetic.

No doubt by the time this volume appears in print, the numbers will be greater still. It is also important to note the key word of “confirmed,” as it is certain that there have been far more cases, and far more deaths, directly related to COVID-19 than official numbers have captured. This is in part due to the ongoing global shortage of COVID-19 testing, the reluctance and/or inability of many counties to properly report accurate numbers (we have, in fact, seen the numbers of many countries increase as testing and reporting improved), and the nearly universal recommendation in light of shortages of testing, hospital accommodations, and other socio-medical deficiencies that those with mild symptoms stay home (thereby not allowing for inclusion in official tallies).

Perhaps more insightful of our status as a global human community than the reported numbers of cases and deaths has been the extreme variation in ways that different communities have responded to the crisis. In addition to being a global medical pandemic, COVID-19 has done much to reveal the ways in which we as human beings sharing a single planet view ourselves in terms of nation-states, races, ages, institutions, political ideologies, social classes, and, indeed, members of a shared humanity. While the pandemic has brought humanity together in some noteworthy ways, it has also laid bare many of the systemic inequalities that lay at the foundation of our global society.

The impact of the virus has spread well beyond the realm of the medical, also heavily affecting social, cultural, economic, political, and quotidian ways of living for nearly every human being on the planet. It has impacted not just the way we live today, but also the ways we will be able to live tomorrow. As a sociologist, I had initially placed calls for contributions to a volume on the sociology of COVID-19. Given the outpouring of interest from researchers across a broad range of fields, I later realized how short-sighted this call was to the humanitarian interests at hand and redirected the focus of the volume to a broader interest in all aspects of the causes and consequences of the virus, and, even more so, to the impact of responses to it. The great number of high-caliber proposals also prompted me to push for the creation of two separate, though highly interrelated, volumes in order to be able to help bring more of this high quality work to print.

This volume, *COVID-19: Global Pandemic, Societal Responses, Ideological Solutions*, addresses issues related to ethics and ideologies, exacerbating inequalities, and social responses to crisis. The chapters contained within the volume address such critical issues as poverty work amidst the pandemic, environmental impacts, changes in the understanding and application of key social scientific theoretical perspectives, and how the novelty of the virus has increasingly become accepted as commonplace.

The companion volume, *COVID-19: Social Consequences and Cultural Adaptations*, addresses issues related to institutional adaptations, communal consequences,

cultural adaptations, and unveiling social inequalities. The chapters contained within that volume address such critical issues as the future of institutions of higher learning, local responses to a global pandemic, culture changes related to the call to utilize personal protective equipment, and the impact of the virus on racial, gender, and sexual minority populations.

Together, these two volumes represent a timely and critical advance in knowledge related to what many believe to be the greatest threat to global ways of being in more than a century. They also represent the collaboration of some of the leading social scientists from across the globe, including sociologists, anthropologists, psychologists, political scientists, historians, economists, scholars of race and ethnicity, sex and gender, class and inequality, and the work of leading social activists and scholars committed to social justice. The scholarship in the two volumes represents contributions from nearly a dozen countries across five continents and includes contributions from many well-known, high-profile scholars (e.g., George Ritzer, Bryan S. Turner, Serena Nanda, and Melissa Milkie) as well as top-notch contributions from well-established and up-and-coming researchers from a variety of fields.

It is imperative that academics take their rightful place alongside medical professionals as the world attempts to figure out how to deal with the current global pandemic and how society might move forward in the future. These volumes represent a response to that imperative.

Introduction to chapters

In the second chapter of the volume, Ryan begins by highlighting the important distinction between SARS-CoV-2 as a virus and COVID-19 as a pandemic. He further highlights potential reasons why this particular virus and the associated pandemic are receiving such unprecedented attention. Ryan goes on to discuss the tenuous reasons why this pandemic might contain some silver linings, further unpacks a small portion of the reasons why this pandemic is inarguably a bad thing, and explores some of the as-yet unknowns related to the pandemic as it exists today. Ryan concludes with some thoughts as to potential future impacts and possible directions as to where we, as a global community, can go from here.

The third chapter explores the concept of McDonaldization in the age of COVID-19. The McDonaldization thesis argues that the rational principles of fast-food restaurants – efficiency, calculability, predictability, and control by nonhuman technology – are coming to dominate more and more sectors of society. Ultimately, however, strict adherence to these principles leads to a system becoming so “rational” that it is, in fact, irrational. George Ritzer, the originator of the concept of McDonaldization, looks deeper into what COVID-19 means for McDonaldization and explores the ways in which the virus is an irrational force from the point of view of social systems and social structures.

In the fourth chapter, world-renowned scholar Bryan S. Turner argues that COVID-19 is a global catastrophe that will, in all likelihood, produce a new generational consciousness and possibly new meaning systems. He traces the historical trajectory of the concept of theodicy, namely attempts to explain disasters involving vindications of God's will. Turner argues that whereas traditional theodicies offered meaning and hope in the face of disaster, responses to COVID-19 have emerged as modern theodicies of rage. The chapter offers particular insights for those attempting to understand not only COVID-19, but also recent populist movements, particularly those of Donald Trump.

Starting with the simultaneous appearances in 2020 of the COVID-19 pandemic, the uprisings in response to extrajudicial executions of Black Americans, and the deployment of US federal troops in Portland, Oregon, the fifth chapter – “Necroethics in the Time of COVID-19 and Black Lives Matter” – by Scott Schaffer, explores the ways in which late-capitalist social ethics are rooted in a notion of expendability. Schaffer argues that Achille Mbembe's notion of necropolitics can give us a way into understanding the ways in which this “triage ethos” is baked into the DNA of 21st-century societies. For Mbembe, necropolitics is the deployment of social or political power to govern the exposure of other human beings to the realm of death, whether social, civil, or actual. In this essay, Schaffer extends this notion to argue that the *necro-* is actually embedded in the very material ethical relations between people. What has come to the fore in the time of COVID is the necroethical constitution of modern social orders in both their material and their ideational aspects.

In Chapter 6, “Ecology, Democracy, and COVID-19: Rereading and Radicalizing Karl Polanyi,” Eren Duzgun argues that Polanyi's economic sociology offers foundational concepts for a radical analysis of the social and ecological conditions that have caused the coronavirus pandemic. He further argues that Polanyi's work, often claimed for social democracy, has the potential to provide much more radical insights into the question as to how to “re-embed” our economies, thereby leading to a fundamental rethinking about the ways in which the present crisis can be overcome.

While COVID-19 has had a global impact, its effects are often viewed and made sense of locally. In Chapter 7, “Heterotopia in Melanesia: Reactions to COVID-19 in Papua New Guinea,” David Troolin uses Foucault's concept of heterotopia to discuss Melanesian reactions to the pandemic, specifically in Papua New Guinea. Though most Papua New Guineans see the virus as harmful, the comparatively few numbers of confirmed COVID-19 cases in Papua New Guinea have led many to feel they have been spared the horror and trauma that other countries have endured. Troolin thus argues that heterotopia must be supplemented by Melanesian understandings of relationship, reconciliation, and protection as encapsulated in the concept of *wanbel* (“unity, amity, reconciliation”).

In Chapter 8, “The Blessings of COVID-19 for Neoliberalism, Nationalism, and Neoconservative Ideologies,” Ryan examines the ways in which the title concepts

have all enjoyed a newfound resurgence, even while death tolls, unemployment numbers, and indicators of social and psychological distress have all surged to levels unknown in nearly a century. Ryan begins by discussing the ways in which this triple threat (a term used to collectively refer to the issues under discussion) are linked by a common theme of the construction of an “other” and a general promotion of inequality. He then turns to a discussion of how this triple threat has benefited from the ongoing pandemic and argues that where there might be minor crises experienced by each one, such crises will ultimately only serve to make them stronger.

Since the onset of the COVID-19 pandemic, many countries have introduced travel restrictions and allowed only their citizens to enter their territory. Meanwhile, thousands of temporary workers, asylum seekers, and undocumented migrants have experienced social insecurity or had to leave their host country as they faced limited access to public services and health care. In Chapter 9, “The Rise of the COVID-19 Pandemic and the Decline of Global Citizenship,” Atefeh Ramsari argues that this exclusion has exacerbated the vulnerability of persons considered outsiders to the community and has intensified social inequality. Ramsari addresses differentiation in access to resources and rights, which points to the institutionalized exclusionary power of citizenship, ultimately arguing that as a result of the pandemic, the state is regaining its absolute claim over citizenship and enacting exclusive allocations through the recreation of national citizenship, whereby only legal members are entitled to rights.

Economic inequality between and within nations significantly contributes to the chances of contracting and dying from the coronavirus. Developing nations with weak healthcare systems, workers whose jobs cannot be performed remotely, the differences between those with and without access to soap and water to wash their hands, or the ability to practice social distancing also account for the unequal impact of the COVID-19 pandemic. Racial and ethnic minorities experience higher death rates from COVID-19, which has also unequally affected Indigenous peoples and urban and foreign migrants around the world. Inequality is also embedded in international responses to COVID-19, as giving and receiving aid is often impacted by inequalities of national power and influence, resulting in global competition rather than the collaboration needed to end the pandemic. In Chapter 10, “Inequalities and COVID-19,” legendary anthropologist Serena Nanda examines these unequal impacts of COVID-19 on individuals, communities, and nations, a fact often suppressed or invisible.

In the spring of 2020, higher education changed abruptly in the face of the global health crisis created by COVID-19, resulting in an abrupt shift to remote instruction, what Stacy L. Smith and her colleagues argue in Chapter 11, “Spotlighting Hidden Inequities: Post-Secondary Education in a Pandemic,” is a form of academic triage. Information on successful online learning and accessibility is ubiquitous, yet this crisis exposed what is largely missing – a discussion of the ways in which inequities affect students. Using a combination of professional experience, large faculty discussion groups, and national surveys, the authors employ Bourdieu’s

concepts of habitus and capital, Goffman's presentation of self and stigma, and relative deprivation to explore inequities of access to technology, environment, and time during the initial higher education response to the pandemic.

In Chapter 12, "Business as Usual: Poverty, Education, and Economic Life Amidst the Pandemic," Ryan Parsons draws on two years of ethnographic fieldwork (four months during the pandemic) in an impoverished rural community in the Mississippi Delta that has experienced decades of persistent depopulation and systemic racism. Parsons explores how blanket pandemic response policies interact with underlying structural inequalities. By building on a framework that describes community vulnerability, he further argues that the second-order effects of such policies operate to widen spatial inequality.

The COVID-19 pandemic is a vivid reminder of just how interconnected the world is. Global populations are united by a shared vulnerability to this invisible virus, just as they are by the unseen causes of climate change. In Chapter 13, "Inflection Points: The Intersection of COVID-19, Climate Change, and Systemic Racism," Jill Betz Bloom argues that COVID-19 and the climate crisis, too, have exposed the deep structural inequities among low-income populations and communities of color, disparities that put these populations at a significantly higher risk to both crises. In an interdisciplinary analysis, this chapter looks, first, at the *biology* of coronaviruses, followed by the *ecology* of human and animal environments, and, lastly, at the *sociology* of health disparities.

When New Zealand embarked on its COVID-19 lockdown, the world saw the emergence of a new social form: the "bubble." In Chapter 14, "Blowing Bubbles: COVID-19, New Zealand's Bubble Metaphor, and the Limits of Households as Sites of Responsibility and Care," Susanna Trnka and Sharyn Graham Davies examine this bubble metaphor for the social dynamics it both enabled and elided, as well as for what it suggested but did not always deliver. Ultimately, the authors argue that the bubble metaphor did little for those consigned to bubbles whose members were unattached to one another, much less antagonistic. They further argue that there is thus a need for bubble regulations to match more closely the flexibility inherent in the bubble as a concept when planning for future crises.

A pandemic is a moment in which the overlap of the cultural and natural dimensions of reality becomes visible. Viruses, invisible in society, become the major players for a period of time, forcing the public to come to terms with them as agents. In Chapter 15, "Making the Invisible Visible: Viral Cloud Moments in the SARS-CoV-2 Pandemic," authors Joseph A. Astorino and Anthony V. Nicola use a constructionist framework to analyze the media's portrayal of SARS-CoV-2 at two phases of the pandemic timeline in the USA: before closing and at the reopening of society. The authors examine news articles sampled from across the political bias spectrum to illustrate the process of how a novel virus reshapes the historical disease landscape through naturalization, humanization, demedicalization, and acceptance of the conjoint constitution of viruses.

Well before distancing and quarantine mandates, individualistic cultural values and stratified structural conditions had led to a public health epidemic of loneliness.

Given unprecedented rates of unhappiness, greater loneliness, and lower relationship satisfaction since the COVID-19 pandemic began, author Kelly Rhea MacArthur argues in Chapter 16, “Treating Loneliness in the Aftermath of a Pandemic: Threat or Opportunity?” that society cannot afford to further restrict social interaction from preexisting levels. MacArthur further argues that since loneliness is associated with a vast array of adverse physical and mental health effects, standardizing the diagnosis and treatment of loneliness in clinical settings could provide the impetus for the cultural shift that is necessary to address loneliness, as it could institutionalize relationships as a type of health outcome in which the appropriate treatment is social. Ultimately, she argues that the pandemic and continued distancing guidelines pose both a threat that may exacerbate the loneliness public health epidemic and an opportunity to reassess our cultural values and structural arrangements that shape social relationships and, in turn, affect individual and collective well-being.

As individuals struggle to navigate major upheaval in their personal lives, communities and larger society chart a path forward, balancing multiple complex issues such as protecting the health of the vulnerable, maintaining economic well-being, healthcare system capacity, and food chain issues. As we have moved through phases of the crisis, behavior patterns have emerged as people have coped with their own distress as well as the impact of exposure to the suffering of others. In Chapter 17, “Managing Trauma Exposure and Developing Resilience in the Midst of COVID-19,” Johanna Soet Buzolits and her co-authors explore these reactions through the lens of trauma stewardship and further explore how we can choose, as individuals, organizations, and societies, to become good stewards of the trauma.

As women comprise a significant portion of the global health workforce, attention to their experiences during disease outbreaks is paramount. In turn, having a voice in the media plays an instrumental role in agenda setting and subsequent policy directives. In Chapter 18, Mari A. DeWees and Amy C. Miller conduct a content analysis of news items on nursing from the United States, China, and India from during COVID-19 pandemic to assess the visibility of female nurses as media sources, including the context and content of their voices. The author’s findings indicate that visibility of country-specific differences shape the presentation of women’s experiences.

Based on an introductory anthropology/sociology course titled “Arab Society”, in Chapter 19, “COVID-19, the Pand(m)emic: Social Media Explorations From the Arab World,” Noha Fikry and her co-authors explore COVID-19 through the memes shared and circulated on social media. The authors explore the cultural patterns of the use of Facebook as a news outlet but also argue it as a type of classic “Arab family salon” in which gossip, rumors, and classist/racist self-definitions are maintained. Social media in this instance works through sustaining, maintaining, and cementing an understanding of Arab society that is based on difference, classism, racism, exclusivity, and othering in all shapes and forms. The authors use their pandemic analysis to argue that Arab society, as such, is always produced in contrast to, or in comparison with, other Arab or non-Arab societies and is always in process, in potential, in contradiction, and in changing conditions.

Some concluding remarks

The concept of “syndemic” has become increasingly popular during the COVID-19 era. The idea of a syndemic analysis implies examining not only the health consequences of disease interactions but also how they interact with the social, cultural, economic, political, and environmental factors that promote, and worsen, disease. As the chapters in this volume demonstrate, perhaps more than a “pandemic,” COVID-19 is better thought of as a “syndemic.” The tenuous differentiation between health and society has perhaps never been so fraught.

Environmentalists and epidemiologists – two professions finding increasing contact points recently – agree that this is unlikely to be the last great global pandemic. In fact, as human beings increasingly encroach on our natural habitat, thereby increasing our exposure to “hidden” diseases, such pandemics are largely predicted to become increasingly likely. More than a snapshot in time, the current pandemic speaks to what is likely to become the beginning of a new era in global human–virus relations.

As is evident in the introduction to the chapters, this volume (along with its companion) brings together a remarkable diversity and quality of impassioned scholarship. The contributors included in these pages have contributed novel analysis, insights, and theoretical perspectives that have much to offer not just to an understanding of the ongoing world of COVID-19, but also to helping us (re-)build, and better shape, the world beyond.

2

THE SARS-COV-2 VIRUS AND THE COVID-19 PANDEMIC

J. Michael Ryan

It is important from the outset to distinguish between a virus and a social response to a pandemic. Someone dying due to infection from SARS-CoV-2 is the result of a virus. Someone dying due to starvation or disruption of a global medical supply, or as a result of their own hand because of exacerbated mental health issues related to confinement, is the result of a response to the COVID-19 pandemic. I will further discuss these differences later, but it is important to note from the outset the importance of distinguishing a virus from a social response to a pandemic in order to better understand how to combat both.

We also need to consider connectedness. In a territorial sense, the current pandemic has highlighted both the magnitude and the diversity/variety of transglobal connections. Environmentalists and anti-nuclear activists have been making this claim for decades, but the current pandemic, and its rapid global spread, has made that claim all the more difficult to ignore. It has also highlighted the interconnectedness between various social systems, on local, regional, national, and global levels. For example, the virus is a medical issue, but one that has had profound impacts on the connected areas of education, housing, employment, discrimination, food security, and religion, to name but just a few.

This chapter will begin by highlighting the important distinction between SARS-CoV-2 as a virus and COVID-19 as a pandemic. It will also highlight potential reasons why this particular virus and the associated pandemic are receiving unprecedented attention. I will then discuss the tenuous reasons why this pandemic might contain some silver linings, further unpack a small portion of the reasons why this pandemic is inarguably a bad thing, and explore some of the as-yet unknowns related to the pandemic as it exists today. The chapter will conclude with some thoughts as to potential future impacts and possible directions as to where we, as a global community, can go from here.

The SARS-CoV-2 virus and the COVID-19 pandemic

It is important to distinguish between the SARS-CoV-2 virus, the virus responsible for causing the disease more commonly labeled as COVID-19, and broader references to the COVID-19 pandemic. A virus is an entity (whether it is alive is still highly debated – see Astorino and Nicola 2021, this volume) that infects living organisms. It requires a host to survive and reproduce. The term “pandemic,” on the other hand, refers to the outbreak, occurrence, and spread of a particular disease. In that sense, it has a much more prominent social connotation. There is a clear overlap, but there are also important distinctions. Medical doctors, for example, are primarily responding to the SARS-CoV-2 virus, while politicians, economists, and social scientists are primarily responding to the COVID-19 pandemic.

One way of better understanding the relationship between medical and social factors is to understand the difference between contagion issues and systemic issues. Contagion refers to how likely something is to spread, how easily it spreads, and how quickly it spreads. We can think of the SARS-Cov-2 virus as something that is contagious. A systemic issue refers to something that is an underlying factor in how societies operate, is widespread, and is part of a broader system. We can think of issues of inequality and discrimination as systemic. However, one thing that the COVID-19 pandemic has made clear is that these are not separate issues. In fact, we have clear evidence that systemic issues have directly informed many aspects of contagion – for example, how closely together people live, the type of employment one is/was engaged in, access to information and medical care (whose own unique relationship to each other has also become increasingly clear in recent months), and one’s racial and ethnic heritage have all become predictors of one’s likelihood of contracting, and spreading, the virus. While medical doctors have historically focused primarily on issues of contagion, social scientists have historically focused primarily on more systemic issues. The COVID-19 pandemic has highlighted the value of both areas of focus, as well as the need for a conversation between the two.

The direct deaths from the SARS-CoV-2 virus have already surpassed those of the number of people killed in a number of major recent wars and conflicts (I will refrain from listing specifics, as those sorts of death tolls are often highly controversial). The loss of so much life is not a thing that can, or should, be taken lightly. That said, the death toll from COVID-19 still pales in comparison to that of a number of other causes. For example, while the virus has already led to the death of more than 1 million people as of mid-October 2020, that is still far below the number of people who died of other diseases in 2019, including diarrheal diseases (roughly 1.4 million), tuberculosis (TB) (roughly 1.5 million), diabetes (roughly 1.6 million), and respiratory cancers (roughly 1.7 million). These are but a few of the arguably highly treatable conditions that not only cause the deaths of millions every year but, more to the argument at hand, millions more than COVID-19. Perhaps most egregiously, global hunger and starvation, issues sure to be exacerbated by current pandemic responses, kill an estimated more than 25,000 people

every day. In other words, more people die in a single month due to lack of food than died in the first eight months of the COVID-19 pandemic.

So why has COVID-19 caught the attention of the global community, and the lives of nearly everyone living in it, to such a greater degree than other leading killers whose death tolls are substantially higher? One reason certainly has to do with novelty. The virus is new – in fact, it is sometimes referred to as the “novel” coronavirus – and what is new tends to get more attention. Few would argue that if the virus should persist for many years to come (and many think that it will in some capacity), it would continue to receive the kind of unprecedented global attention that it has. Another factor is that it is dramatic. As the cases of 9/11, Hurricane Katrina, and the sinking of the Titanic highlight, sometimes it is not the death toll but the far-reaching social impact that matters most.

Some might also point to the fact that unlike many of the leading global killers, SARS-CoV-2 is also infecting the relative global elite – the types of people who worry about international jet travel, have no worry of starvation, and have access to medical care to mitigate the other (largely preventable) global infectious killers. For example, when I travel to places with a risk of malarial infection, I simply visit my travel clinic, get the appropriate preventative medicines, and jet off. It is not ironic that the same drug used to treat malaria was suddenly mass-produced to potentially treat COVID-19 (something now discouraged by all leading global medical authorities, even if still defended by the likes of United States president Donald Trump and Brazilian president Jair Bolsonaro). Why was this medicine not produced in 2019 when the year before there were more than 228 million cases of malaria and more than 400,000 deaths as a result of it? Why are millions of doses of this same medication now sitting in storage (for example, Brazil has more than 2 million doses, shipped to them by the USA, sitting in storage [Walsh et al. 2020]), yet hundreds of thousands will still die of malaria this year because they cannot get access to it? Is it because those who die of malaria are overwhelmingly poor and Brown? Is it something else? These are important questions to ask, and their answers could almost certainly lend credence to the arguments of many as to why COVID is getting more attention.

Another potential argument is that COVID-19 is serving as a perfect distraction while many of the world’s ultra-rich are getting ultra-richer (for example, Jeff Bezos, Elon Musk, and Mark Zuckerberg – three White men all living in the USA – increased their combined wealth by nearly \$200 billion during the first 9 months of the pandemic, while the world’s billionaires saw their wealth increase by more than 25% during the same time), many of the world’s political elite are deflecting from controversies and passing personal agendas (for example, Viktor Orbán in Hungary and Narendra Modi in India), and many of the right-wing groups propping up many of the powers-that-be are seeing a resurgence in their rolls. The ensuing disruption (of the pandemic) to nearly all aspects of our lives has also given politicians newfound reasons to blame each other – nationalists touting anti-immigrant and regionalist arguments, a “reason they were right,” and employers a rationale for

thinning their work forces. COVID-19 has certainly been a “distraction,” and one from which many have clearly benefitted.

The aforementioned potential arguments aside, there are also very real, medically confirmed, scientifically valid reasons COVID-19 should be receiving such potentially disproportionate attention. For one, it is far more easily transmitted than are most infectious diseases, including the seasonal flu to which it is most often (erroneously) compared. It also has an unusually long incubation period and, more egregiously, can be spread by asymptomatic carriers. In fact, it is highly likely that the greatest spreaders of the virus are those who do not even realize that they are infected. COVID-19 has also a range of nasty side effects, many of which we are just beginning to understand, none of which we know the long-term effects of. It also has a higher fatality rate than the seasonal flu, so while far more people are infected with the flu each year (roughly 800 million), a much lower percentage of those infected will die because of it. Perhaps most pointedly, one reason COVID-19 is getting such attention is exactly that we know so very little about it. It is indeed “novel,” and the fear of the unknown is often the most powerful fear of all.

To connect the social arguments with the medical ones, one reason COVID-19 has been, and should be, receiving this kind of attention – and the fundamental rationale behind these volumes – is that its impacts extend far beyond the realm of the medical and the scientific (Ryan 2021b, this volume). The *SARS-CoV-2 virus* has led to the death of more than one million people and infected tens of millions more, but the *COVID-19 pandemic* has arguably done far worse comparative damage. The latter has also led to radical impacts on the economy, disruptions of global supply chains, including those of basic medical and essential supplies, the lockdown of billions, government expenditures in the multiple trillions, and attention diverted from addressing other social ills. In other words, while the virus is a negative force unto itself, the pandemic has become an amplifier of already existing social ills to a far greater degree than other viruses or pandemics have been in living human memory. With all due respect for the existing death toll, it is the latter that may be of the greatest social significance, especially for the future of a shared, increasingly interconnected humanity.

The good(?), the bad, and the unknowns of the COVID-19 pandemic

The good

It might seem odd to speak of the good coming out of such a widespread and deadly pandemic and yet there have been some positive effects. Most notably, the environment has been a clear (perhaps only?) winner since the pandemic began (see counter-arguments to this later). A worldwide reduction in travel by pollution-emitting forms has led to a dramatic decrease in air pollution levels in most parts of

the world. In China, for example, the world's most air polluted country, there was at least a 25% reduction in carbon emissions and at least a 50% reduction in nitrogen oxides emissions. One scientist predicted that just two months of such reductions led to a reduction of more than 77,000 premature deaths from air pollution in China alone (Burke 2020). Those numbers are undoubtedly much higher by the time of writing and when calculated on a global level. A Carbon Brief analysis further suggests, "the coronavirus crisis could trigger the largest ever annual fall in CO₂ emissions in 2020, more than during any previous economic crisis or period of war" (Evans 2020). On a purely aesthetic, yet telling, level, Mount Everest became visible from Kathmandu, Nepal, for the first time in living memory due to a drop in air pollution.

The other "good" aspects of the pandemic are much more personally based, biased, and questionable when taken from the perspective of the social good. For example, while millions lost their jobs, investors in a number of companies (e.g., Facebook, Amazon, Nintendo, Zoom) and industries (e.g., pharmaceuticals) saw their investments soar. Those supporting anti-immigration and anti-asylum policies have no doubt been pleased. And staunch supporters of particular political leaders have no doubt been happy to see them be able to enforce their policies at will without democratic checks and balances.

The bad

As Ryan (2021c) notes, the negative impacts of the virus have been more far-reaching than simply infection and death toll counts. As the COVID-19 pandemic continues to ravage the world, its people, and its economies, a number of long-standing inequalities are becoming even more pronounced (Nanda 2021, this volume). For a brief time, stock markets fell, and then they soared. Unemployment just soared. Billionaires lost spare change, and then made fortunes. Essential workers just lost life and livelihood. The global elite flew off to private islands or sheltered in place in summer homes. The global poor just crowded into hovels, if they even had a hovel to crowd into. The current pandemic is indeed impacting different populations unequally, with the greatest tolls being felt among the already underprivileged.

The number of indirect deaths from the pandemic is not one that has yet been calculated but will no doubt far outstrip the number of direct deaths as tolls are taken into account from multiple factors including increased starvation, lack of access to medication due to disruptions in supply chains, suicides, victims of domestic violence, future deaths from viral complications, and victims of related hate crimes, among others. Further, as individuals who lost income had to spend money intended for medications on items like food, overall inequality levels have widened/are widening, which is a well-known predictor of premature deaths, and as pharmaceutical industries have halted research and production on treatments of other diseases, deaths from those causes will also rise.

The death toll from these interruptions in research, treatment, and attention to other leading global killers as a result of the COVID-19 pandemic is expected to far exceed those of direct deaths from the SARS-CoV-2 virus. For example, a report by the Stop TB Partnership (2020), published in May 2020, estimated that cases of TB in 2020–2025 could increase by more than 600,000 for every month of lockdown and more than 400,000 for every month of restoration. This translates to excess deaths from TB during the same period of more than 125,000 for every month of lockdown and more than 80,000 for every month of restoration. The numbers are staggering. A projection from the WHO and UNAIDS (2020) has further projected that a six-month disruption of treatment of HIV/AIDS could result in an excess number of deaths from complications of that virus of between 471,000 and 673,000 in sub-Saharan Africa alone. They further projected that such a disruption could result in a more than a 100% increase in mother-to-child infections in Uganda alone. Moreover, a report from The Global Fund (2020) has estimated that if healthcare systems collapse or treatment and prevention services are interrupted, the death toll from HIV, TB, and malaria could double over the next year.

Governments around the world have spent many trillions of dollars on research and response related to the COVID-19 pandemic. The USA alone has spent more than \$2 trillion, most notably under the CARES Act. The European Union has also invested nearly \$1 trillion. All of this has been allotted within roughly six months of the outbreak of the pandemic. These numbers are worth comparing to the investment in other global diseases as a means of understanding the increased attention being paid to COVID-19 vis-à-vis other global killers. For example, between 2000 and 2015, only just over \$560 billion was spent on HIV/AIDS research combined, a number that has been declining since 2013 (IHME 2018). HIV/AIDS has already killed more than 33 million people. Global spending on malaria totaled just over \$4 billion in 2016, roughly 2/3 of the target set by the WHO (IHME 2019). Malaria kills between 1 and 3 million people each year. Global research on TB did not even reach \$1 billion in 2017, though it would only take \$2 billion a year to eliminate the disease by 2030 according to research (Makoni 2018). TB kills roughly 1.5 million people every year.

Another potentially under-recognized negative impact could be on the environment. Despite the positive environmental impacts outlined earlier, a number of other negative impacts have also come into play. For example, there are growing concerns about increased water pollution, especially as millions of single-use masks are being discarded, too often simply as litter. Laurent Lombard, director of the French NGO Operation Mer Propre, has warned, “soon we’ll run the risk of having more masks than jellyfish in the Mediterranean” (quoted in Kassam 2020). Other environmental hazards are also increasing, particularly as corporations and governments have begun using the virus as a reason to flout environmental law and concerns. For example, deforestation of the Brazilian Amazon increased by more than 50% in the first three months of 2020 compared to just

one year before (Simon and El Hammar Castano 2020). A study published in *Nature Climate Change* (Le Quere et al. 2020, 652) further noted that any positive environmental changes gained under the current pandemic “are likely to be temporary as they do not reflect structural changes in the economic, transport or energy systems”.

Educational loss is another side effect of the pandemic. During April 2020, UNESCO reports indicated that more than 90% of the world’s students were under lockdown, impacting nearly 1.6 billion learners (UNESCO 2020). Some countries have also already taken longer-term measures that will impact education – for example, Kenya has already declared the school year lost in that country (France-Pressé 2020) and Mexico’s educational system will be conducted through a home learning program broadcast on television through at least January 2021 (Esposito 2020). In fact, most countries are now considering either nationwide or localized moves to online education, a move that will further exacerbate educational inequalities between students on different sides of the digital divide. The closing of schools means much more than just a loss of education, however, and UNICEF and the World Food Programme (2020) have estimated that up to 370 million children will miss out on meals provided to them to at school.

The role of educators themselves has also been thrown into peril. A number of educational institutions have shuttered entire departments or have simply folded up entirely, others are experiencing severe financial distress, and others are surviving but doing so, in part, by slashing educator salaries while increasing educator workloads. It is also uncertain how the broad moves to online education will impact the future of educators and brick-and-mortar educational institutions, though few predict it will be in a good way.

The aforementioned examples are but just a sampling of the secondary negative impacts of the pandemic; there are, no doubt, many more. For example, there has been a notable increase in the unequalizing principles of neoliberalism, a rise in nationalism, and a resurgence of neoconservative ideologies (Ryan 2021a, this volume) and an increase in discrimination, especially hate crimes, targeted at individuals of Asian descent (Chiang 2021); several countries have taken advantage of the distraction to pass a number of anti-LGBT laws (Skinta, Sun, and Ryu 2021); companies have gone bankrupt, individuals have lost lives and livelihoods, and future debt burdens have increased across the board; millions more are likely to be pushed into homelessness; and a near-endless list of other factors. The bottom line is an understanding that while SARS-CoV-2 is ravaging the world, so are the impacts of the COVID-19 pandemic.

The unknowns

To speak of the unknowns of the pandemic is almost simply to speak of the pandemic itself. We don’t know exact infection or death toll counts. We don’t know the full extent of the long-term, or even really the short-term, damages wrought by

the virus itself. We are still figuring out the best treatment and prevention methods. In short, we still don't even know what we still don't even know.

One of the more looming unknowns at the moment is when a vaccine might be developed. As of mid-August 2020, there were more than 200 vaccines currently under some stage of clinical testing in countries around the world (including China, the United States, the UK, and Russia). Whether these trials will be successful is yet to be known. Further, there is already a debate emerging as to who will have access to the first batches of the vaccine (Chaturvedi 2020). Will it go to the world's most vulnerable? To citizens of the nation that first develops it? Or, as many predict, to those with the money and social connections to gain access to it? It seems unlikely that a child in the Brazilian Amazon or the poor neighborhoods of the US rural south will have a vaccine before Jeff Bezos, Donald Trump, or most professional athletes will.

Perhaps the unknown that is causing the greatest level of heightened stress among so many is the unknown of tomorrow. What will life be like in 2021? Or 2022? Or 2025? Will we ever go back to having close contact conversations with friends and family where we can actually see their mouths moving? Will international holidays again become possible for the few of us in the global elite with the means to afford them? Will entire populations be culled due to starvation, increased disease, and economic ruin? Will there be more, and potentially more serious, global pandemics in the future, especially as we continue to diminish our natural environment and slash our social welfare systems? These are important questions, and while no one can provide the important answers needed at this time, we can at least begin to consider what we have already learned in an effort to shape what we might know tomorrow.

Determining a global future

The SARS-CoV-2 virus and the COVID-19 pandemic are both calling for increased attention to a number of issues (including issues that are not yet receiving any attention). Alongside medical understandings, there are also calls to better understand the impacts on global, regional, state, and local communities; environmental impacts; social impacts; economic impacts; impacts on state-level and global-level inequality; and a variety of other medical and nonmedical factors. Even abstract academic theoretical understandings are receiving the call for revision under current conditions (see Duzgun 2021, this volume; Ritzer 2021, this volume, Schaffer 2021, this volume).

Mark Lowcock, UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, has called on the world's wealthiest countries to provide \$90 billion in relief to aid the world's poorest countries. He claims that amount will help to protect 700 million of the world's most vulnerable people (cited in Mai 2020). A lack of action to protect and assist the most vulnerable among us could lead to up to 12,000 *additional* people dying per day of hunger due to the COVID-19 pandemic (Oxfam 2020), a number that far outstrips the

daily death tolls related to the actual SARS-CoV-2 virus. It could also push at least another 100 million into extreme poverty (Mahler et al. 2020). All of this to say nothing of those pushed to greater levels of undue stress and suffering related to housing, education, health care, food security, and a host of other personal troubles and public issues.

Where the world goes now in terms of response to both the SARS-CoV-2 virus and the associated COVID-19 pandemic is still anybody's guess. Ramifications of existing inequalities and discrimination are being increasingly brought to attention, as well as exacerbated, by the current situation. That said, the alarm of such ramifications has also started to sound increasingly louder. Will enough people hear it? Will they hear it in time? Will the virus, or the associated pandemic, be what brings humanity together? Or what tears us further apart? Predictions cannot be made, but hopes can certainly be fostered. It is now up to us, as a global collective (whether we want to be or not), to decide where humanity goes from here.

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PART I

Ethics and ideologies



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3

MCDONALDIZATION IN THE AGE OF COVID-19

George Ritzer

The McDonaldization of Society (10th edition) (Ritzer 2021) was revised in the midst of the 2020 COVID-19 pandemic. By the time you read this, it may still be a pandemic or it may have abated. All indications are that the coronavirus that causes the disease will (like the flu virus) persist and continue to be a health threat. This chapter is the beginning of a more systematic discussion of the relationship between the pandemic and the McDonaldization thesis.

The McDonaldization thesis argues that the rational principles of fast-food restaurants – efficiency, calculability, predictability, and control by nonhuman technology – are coming to dominate more and more sectors of society. Ultimately, however, strict adherence to these principles leads to a system becoming so “rational” that it is, in fact, irrational. While many aspects of life demonstrate the irrationality of rationality, there are also phenomena, like the COVID-19 pandemic, that are purely irrational, at least from the point of view of the sociology of social structures and social systems (see later).

The concept of rationality is traceable to the work of Max Weber, who saw bureaucracy and capitalism as its major examples. These systems are *social* structures and systems (COVID-19 is *not* a social structure or a social system).

One could argue that COVID-19 is rational in that it operates in accord with the principles mentioned earlier and discussed throughout this essay. That is, it is efficient (it passes easily from one host to others), it is predictable (a number of people will become ill from contracting the virus and some will die from it), it is calculable (the number of people infected and who die is reported daily), it is highly controlling of its victims (it can even be seen as, and is in a sense, a nonhuman technology), and it clearly has irrationalities, especially for its victims. But, it is not a social structure or social system as those terms are used in sociology. Thus, it is *not* rational in the sense of the way that term is being used here.

At least on the surface, it would seem that the COVID-19 pandemic is the ultimate in irrationality. For many (but not to a large number of health experts and environmentalists, especially those familiar with previous pandemics), it seemed to be totally unpredictable. Even in light of rumors and some early data from China in late 2019, few predicted that this would be the long-anticipated “big one”; the big pandemic. When it exploded globally it took much of the world by surprise and, as a result, the world was largely unprepared for dealing with this disease, as well as pandemics in general. There were shortages of virtually everything needed to deal with it – medical personnel, hospital (especially ICU) beds, respirators, personal protective equipment, antiviral medications, and many other things. While work on a vaccine should have started sooner, it was foreordained that there would not be a vaccine for it, at least initially, since the virus had not previously affected humans.

In the era of the McDonaldisation of society, one might have expected the world, especially the United States, to at least have in place a rationalized plan to deal with such a pandemic. Planning had begun on it, but it was halted when Donald Trump became president. Had such a plan been in existence early in the outbreak, the pain (in terms of number of illnesses and deaths, magnitude of the economic disaster, etc.) from the pandemic would have been reduced significantly. However, there was no plan at the beginning of 2020.

One reason may have been that it would have seemed *inefficient* to engage in those preparations just in case there was a pandemic. In effect, much of the world, including the US during the Trump regime, resorted to a “just-in-time” system to deal with the pandemic. The idea was that what would be needed in a pandemic would be produced and arrive *just in time* to deal with it. To do so, it was deemed rational to create systems that had little or no slack, underutilized resources, or excessive inventory. As Apple CEO Tim Cook argued, inventory is “fundamentally evil” (Mukherjee 2020). The goal in such a system is to “squeeze” almost everything involved in the system – efficiency, costs, inventory, and so on (ibid.). The alternative would have been a “just-in case” system in which much of what would be needed in a pandemic would be in storage. This would also have been a more “resilient” system, or one that could survive, at least for a reasonable period of time, critical shortages of what is most needed.

Had no pandemic occurred, a just-in-case system would have been deemed irrational (e.g., wasteful, unnecessarily expensive, etc.). However, once the pandemic exploded, it became clear that it would have been rational to have stored at least much of what was needed in the national stockpile (Mukherjee 2020). Both just-in-case and even just-in-time systems *might* have worked had McDonaldised systems been in place for either contingency, but in fact, of course, no such systems existed in either case.

There were important lessons to be derived from previous pandemics and epidemics, especially the Spanish flu pandemic that began in 1918 (Barry 2005).

Among the lessons were the need for social distancing (the disease expanded exponentially in the United States during WWI in its crowded military cantonments and on even more crowded trains and ships transporting troops to and from Europe), the weaknesses and vulnerabilities of the healthcare system and its workers, and the need for medications and vaccines, and so on. Had political leaders familiarized themselves with the history and lessons of the 1918–9 pandemic, many of the negative effects of the COVID-19 pandemic might have been ameliorated.

In *Deadliest Enemy: Our War Against Killer Germs*, Osterholm and Olshaker (2017) offered a scenario of a future influenza pandemic. Their scenario is eerily close to what has happened during the coronavirus pandemic (e.g., it began in China; many of the patients experienced acute respiratory distress syndrome – ARDS; hospitals, emergency rooms, intensive care units, and morgues were quickly overwhelmed; large numbers of healthcare workers and first responders became infected; unemployment skyrocketed; stores and restaurants were closed; and public events were cancelled).

Additional problems plagued efforts to deal with the current pandemic. A lengthy and seemingly rational global supply chain of many products, including medication and medical supplies, had developed in recent years. Problems with this global supply chain affected the availability of needed drugs and medical equipment. The US government had a strategic stockpile of medical supplies for such a contingency (e.g., N95 masks, surgical gowns, and ventilators), but it was too small and was depleted soon after the outbreak of the pandemic.

McDonaldization and the pandemic

A pandemic is a classic “black swan” event. That is, it is surprising and has powerful and wide-ranging effects. McDonaldized systems need to better anticipate, and to adapt continually to, changing circumstances, even those as extreme as a black swan.

The virus’s ability to spread was far more efficient than the efforts to deal with it. After all, the virus has only one task – to stay alive (if it is alive) by spreading to more victims.

Many aspects of the response to the pandemic were inefficient. For example, the Food and Drug Administration (FDA) required, at least initially, a lengthy and cumbersome process in order to obtain the necessary approval for the emergency use of a new lab test for the virus.

During the pandemic, we certainly came to live in a far less predictable world than the one we lived in before COVID-19. The ability and capacity of the federal government to help was also highly unpredictable. The unpredictability of various aspects of the supply chain, especially of medicines and medical supplies and technologies, increased. This was exacerbated by the globalization, especially to China, of the production of most of these things (antibiotics and much else). For

their part, at least some people sought to create as predictable an environment as possible for themselves (e.g., wearing masks; staying home as much as possible; social distancing).

Calculability took center stage in media coverage and talk about COVID-19. From the beginning of the pandemic, CNN, for example, offered a regularly updated on-screen graphic of both the number of cases and the number of deaths from the disease globally and in the United States. In contrast, the Trump administration minimized those numbers and later came to ignore them almost completely.

Then there was the failure to control the pandemic adequately. In fact, the US generally failed to develop, at least initially, *nonhuman technologies* (e.g., therapeutics to treat the disease; vaccines to immunize people against it) to prevent or control it. The result was that the US (and many other nations) were forced into using primitive *human technologies* such as social distancing, ending mass sporting events, closing businesses and schools, keeping children home from school and sick people home from work, washing our hands thoroughly and not touching our faces, covering our mouths when we sneezed or coughed, using face masks, as well as many others.

A comparison of the 1918 influenza and the COVID-19 pandemics leads to the conclusion that we have progressed very little in the last 100 years in developing nonhuman technologies to enhance our ability to manage, let alone prevent or cure, the viral diseases that cause such pandemics. However, it does appear that we have become able to accelerate the process of producing and approving a vaccine.

McDonaldizing the effort to create a vaccine

The concept of McDonaldization not only applies to the COVID-19 pandemic, it can also be applied to efforts to control the disease. Adherents haven't given up on McDonaldizing such things as the creation of vaccines or medications. Rather, they have sought to further McDonaldize the processes needed to produce such things. For example, in late April 2020, Bill Gates outlined a plan to create a vaccine for COVID-19 that was, in many ways, highly McDonaldized (Gates 2020).

A vaccine was needed quickly, factories needed to manufacture the vaccine had to be built rapidly, stages of the production process had to be compressed and several sub-stages undertaken simultaneously (e.g., possible manufacturers were identified while the vaccine was still in development), and phases 1 and 2 of the FDA clinical trials had to be, and were, done simultaneously. The financial risks to companies of taking these actions were mitigated with a number of government and private agencies indicating that they would shoulder these costs.

While quantitative factors are of great importance, quantity is, as usual, not a surrogate for quality. Two qualitative aspects of a vaccine – safety and efficacy – were (and are) of prime importance. First, tests needed to demonstrate that the vaccine was safe for humans. Second, it had to be shown that the vaccines were effective.

There had to be tight control of the process of the production of the vaccine by both manufacturers and government agencies. Much of the actual production was to be done by nonhuman technologies.

Globalization, McDonaldization, and the pandemic

Among its other characteristics, McDonaldization is an example of globalization. The pandemic had powerful implications for the broader process of globalization. The fact is that COVID-19 has globalized much more quickly than could any corporation, or effort to deal with the disease. As a result, COVID-19 (and the danger of other pandemics) has become a powerful barrier to many other global processes, including McDonaldization.

Farrell and Newman (2020) argue that COVID-19 will “end,” while Legrain (2020) says it “will kill,” globalization, including, at least implicitly, McDonaldization. This is being said while COVID-19 is, itself, an increasingly global phenomenon. However, globalization has *not* been killed by COVID-19, although it has certainly transformed it dramatically (e.g., increases in border closings throughout the world, bans on travel, visa requirements, and restrictions on exports and imports). It became clear that companies either needed to produce essential products themselves or to produce them in their own country or in nearby countries. It also became clear that companies needed to have more components on hand “just in case” they were needed. As a result of all of this, and more, the pandemic may have ushered in a less globalized world, at least economically, but it has *not* ended globalization, which continues apace in many realms (especially via the internet).

What does all of this mean for McDonald’s and McDonaldization? It could mean little (or nothing) because McDonald’s and fast-food chains are already well ensconced in many parts of the world. It could also present minor difficulties as, for example, supply chains for many needed raw materials are disrupted and new ones need to be found or created. It also could mean huge problems for McDonald’s and McDonaldization. However, if that occurred (the jury is still out), it would mean that the pandemic ended up being deeper (the sickness and death rates rose much higher than expected) and longer than anyone anticipated. Of course, if these kinds of things were to come to pass, the problems experienced by McDonald’s and McDonaldization would pale in comparison to the enormous health and economic problems posed for individuals, society, and the world as a whole.

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4

THEODICIES OF THE COVID-19 CATASTROPHE

Bryan S. Turner

Introduction: the axial age

The Axial Age (800–400 BCE) included the Greek philosophers, the Hebrew prophets, the Buddha, Zoroaster, Confucius, and Lao-tse (Jaspers 1953; Bellah 2011). Axial narratives suggest that human beings have been affronted by the harshness of existence and embraced the promise of a better life in the next or better world. Consciousness of the moral problems relating to violence, vulnerability, and death was the main basis for thought of axial philosophers and prophets. This period has also been called “the age of criticism” (Momigliano 2011) because the axial thinkers were deeply critical regarding the causes of the tribulations of life. In short, humans have from an early stage in their history been concerned with the meaning of our existence, its frustrations and its shortcomings. The quest for a satisfactory answer to evil has ancient roots in contexts where humans struggled to come to terms with unimaginable suffering.

We might usefully reflect on the meaning of *catastrophe* from classical Greek drama from this early period. In his *Poetics* of 335 BC, the earliest surviving work of drama theory, Aristotle (2013) notes that a *catastrophe*, invoking fear and pity, concludes the action of a tragic drama. The Greek ode had two principal components: the *strophe* and the *antistrophe*. A *catastrophe* is the conclusion or *denouement* of drama. It is also derived from the verb *to overthrow*. Its usage in 1676 described the subversion or the overthrow of the order of things. In addition to his comparative historical studies, Jaspers was also a key figure in constructing a post-war response to the Nazi regime, which was described by the historian Friedrich Meinecke (1969) in 1946 as *The German Catastrophe*. The notion of catastrophe might therefore suitably describe the potential legacy of the COVID-19 pandemic as the overthrowing of the safe and prosperous world of post-WWI European societies, if not the global world system. However, the principal lesson of this historical overview is

that humans are rarely satisfied with bald factual or descriptive accounts of disaster. Human beings are, following the legacy of Max Weber's interpretative sociology, meaning-making and meaning-needing creatures.

Plagues gave rise to a rich if sinister culture of meaning finding. In the history of the West, plagues, such as the Black Death and the Great Plague of London, have given rise to a variety of theodicies (Horrox 1994). Perhaps the most common religious response to plagues was to describe them in terms of God's wrath in response to human sinfulness. However, in Giovanni Boccaccio's (1313–1375) *The Decameron* (2013), citizens of plague-infested European cities often embraced pious activities to assuage God's anger, while others gave themselves up to debauchery and lewdness. Plague theodicies from the 17th century onwards were in part a consequence of urbanization. The population of England and Wales living in cities of over 10,000 increased from 6% in 1600 to 13% by 1700, but a more relevant example from the perspective of the Great Plague is London with a population of 200,000 in 1600 to 375,000 in 1650. London's plagues gave rise to many literary and artistic responses, including a retrospective account by Daniel Defoe (2003) in *Diary of a Plague Year* in 1722 but based on an account by Henry Foe in 1665. Another literary source is Samuel Pepys's (2001) *Diary* for the year 1665 when he notes with "sadness" the empty streets of London and every door shut up.

This chapter, however, is largely confined to the West from the plagues of the 17th century to COVID-19. Catastrophes are obviously not confined to the West. It is valuable to register one catastrophe in North America that was associated with a Christian theodicy of the world to come. In a recent history of native American Indians, Benjamin Madley (2016) in his *An American Genocide. United States and the Californian Indian Catastrophe 1846–1873* gives an account of the genocide of American Indians in the American colony, specifically in California. However, there were many more catastrophes. In 1890, members of the Seventh Cavalry killed men, women, and children at Wounded Knee, and in response Wovoka, a Paiute prophet, began preaching a message of hope regarding the life of the world to come and the resurrection of the dead. The resulting Ghost Dance was regarded by the US military as a dangerous cult, but in fact it was based on the message of Christianity framed in a native idiom. Ghost Dance rituals were in response to a catastrophe in terms of "The promises He has made" (Estreicher 2019). The Ghost Dance we might legitimately call a theodicy in action to bring about the Second Coming and the resurrection of the dead. In many nativist uprisings, one finds Christian theology adapted to aboriginal world views when their communities are faced with destruction.

At this stage in my argument, it is appropriate to offer a sociological rather than theological definition of theodicy that will cover both religious and political varieties across different cultures. A theodicy is a response to a catastrophe – natural or social – that seeks to give meaning to the cause and consequences of disasters. A theodicy in its religious context is often described as "a vindication of the will of God" or as an account of "the problem of evil." In response to what is believed to

be God's vengeful wrath, theodicy is often narrowly defined as simply "the vindication of God" in the light of human tragedies – plagues, natural disasters, war – but in this chapter I am giving it a broader meaning to include explanations of events that deeply challenge our notions of justice, morality, and order.

In this chapter, I propose to examine the possible secular theodicies of the pandemic. A theodicy becomes socially and politically significant when it comes to characterize the consciousness of a generation that has been deeply affected by catastrophe. Some notable examples in the sociology of generations include the children of the Great Depression, the 9/11 generation, and the Auschwitz survivors (Edmunds and Turner 2002). A generational consciousness, embracing some form of theodical explanation of suffering, may emerge as the response to the overthrow of the world into which a generation was born. The implication of this chapter is that there will be in the West a COVID-19 generation, but will there be a generational theodicy?

The gist of this argument is that, when confronted by major natural, social, or political disasters, humans seek to ascribe meaning to such events that go well beyond merely factual accounts. We can regard Weber's sociology of religion as concerned with the meaning-making capacities of religions to generate meaning systems capable of satisfying the human need for normative explanations that have a tangible plausibility. These meaning systems are typically theodicies that explain human suffering and unhappiness. In this respect, Weber was influenced by Nietzsche's idea of resentment in which "pariah groups" explain their misery by reference to powerful elites that control resources, including cultural resources. The classic example is the biblical story (Matthew 19:24) of the rich man, whose passage to the kingdom of God would be as difficult as camels, belabored with goods and riches, to pass through the eye of a needle, namely the gates through which merchants and their camel trains entered the city.

In fact, sociology in general has often developed implicit theodicies of inequality, exploitation, and suffering (Turner 1981, 170–71). Having paid tribute to the legacy of Weber, we have to recognize that sociology has been unable to develop an adequate vocabulary to address "human affliction" (Morgan and Wilkinson 2001). Sociologists have proposed to replace "theodicy" with "sociodicy," namely secular accounts of injustice, suffering, and cruelty (Vidich and Lyman 1985). While accepting the general validity of the concept of sociodicy, I will use the phrase "political theodicy" or "secular theodicy" primarily because Christian theology casts a long shadow, and even explicit "sociodicies" such as Marxism often retain a legacy of Jewish or Christian thinking. In the United States, evangelical churches have been important in supporting Trump's "Make America Great Again" (hereafter MAGA) and have combined with populist themes against the lockdown, which is often regarded as a socialist strategy. The COVID-19 crisis has produced a lethal combination of populism, evangelical Christianity, and militia groups in opposition to the "deep state." The result is a political theodicy of rage rather than a theodicy of hope.

Leibnizian optimism

The first systematic and elaborate account of theodicy as the vindication of God came from Gottfried Leibniz (1646–1716) in his *Theodicy* (Leibniz 1952) in 1710. I dwell on Leibniz because he remains a key figure in the long evolution of the idea of theodicy. A central theme of his philosophy was human and divine freedom, by which he had sought to reconcile God's purpose with the presence of the problem of evil. In technical terms, the "atheistic problem of evil" invites the theist to explain how God (omnibenevolent, omnipotent, and omniscient) can permit evil to exist. The problem for medieval philosophers was somewhat different. Their puzzle was how a benevolent God could exist in a world where evil is present without his holiness being compromised. Leibniz discussed a range of possible answers, including the idea that we live in the best possible world, namely a world of maximum diversity and richness. This argument (we live in the best of all possible worlds) is often taken to imply three different options: the maximum happiness of rational beings; the maximum quantity of essence; and one that produces the greatest variety of things guided by the simplest set of laws.

Leibniz was clearly not alone in grappling with the problem of evil, considering he developed his understanding of theodicy in response to key philosophers of his day, such as Nicolas Malebranche (1638–1715) and Pierre Bayle (1647–1706), over human freedom and the best possible world. Existing philosophical interpretations of Leibniz perhaps do not take into account the specific contexts of his argument. Leibniz was responding not just to metaphysical understanding of the problem of evil but also to specific natural catastrophes such as the great Lombardy flood of 1705. However, the real test of his best of all possible worlds' thesis came after his death in 1716. The Lisbon earthquake of November 1, 1755, overwhelmed the city with three tsunamis and fires that raged for days, resulting in approximately 60,000 deaths in the city and surrounding areas. The catastrophe was a direct challenge in religious terms, having occurred on All Saints Day.

The disaster produced lengthy speculative responses regarding "God's wrath," but the main casualty was Leibniz's worldview. Voltaire (1758), in his poem on the Lisbon Disaster, composed the day after the earthquake, asked why Lisbon was the principal casualty of the earthquake when the opulence of Paris or the debauchery of London would have been more appropriate targets of divine anger (Wootton 2000). This response may have been unfair in that Leibniz had argued that earthquakes were the unfortunate effect of the laws of nature and that God had no need to overrule the natural laws he had established. Nevertheless, Lisbon dealt a fatal blow to Leibniz's *Theodicy*. Secular explanations of natural disasters became more prevalent by the end of the century. For example, John Mitchell in 1760 was presenting papers to the Royal Society to claim that earthquakes were the result of explosions in the internal structures of the earth.

For some religious thinkers, attempting to solve the theodicy puzzle is itself arrogant and dangerous by questioning God's love and purpose for humanity.

Immanuel Kant, in many respects following Leibniz, was also concerned to understand natural events in relation to God's laws. Kant, in a letter in response to the Lisbon earthquake, dismissed any notion that natural disasters were an effect of human sinfulness. The God of the New Testament is not vengeful, and Kant concluded that we cannot complain about the inconvenient working out of God's natural laws. Whether he finally abandoned all interest in theodicy is open to dispute (Despland 1973; Loades 1975), but by the 1790s, Kant (1998) was reflecting "On the failure of all attempted philosophical theodicy" (1973 [1791], 283–97). Contemporary theological responses to COVID-19, especially Roman Catholic responses, have generally sidestepped God's possible relationship to the crisis and emphasized instead the duty of Christians to care for those suffering from the pandemic. Christian charity comes long before we might entertain speculations about divine purpose. So, for example, hospital chaplains have played an important part in bringing compassion and comfort to the sick and dying in hospitals where they are typically cut off from their families and relatives. Traditional Christian charity brings comfort but not necessarily meaning. In a modern secular European environment, a Christian theodicy is unlikely to find widespread support. In any case for Christian theology, theodicy has probably raised more questions than answers. There was always a double problem to explain both disasters of the natural world and the crises of society.

After Leibniz, what or who were involved in any transition from religious to secular theodicies? And if it did occur, when did it occur and was there any particular catastrophe acting as the midwife of radical secular theodicies? In the English case, the transition took place over several centuries starting with the enclosure movement (1500–1750) and progressing to early industrialization and early unregulated capitalism from around 1800 onwards. One important figure in this transition was William Blake (1757–1827). The poet, while walking in the countryside around the City of London, was shocked by the vision of squalor of industrial development in the shape of "the dark satanic mills." Blake's great poem "Jerusalem" which is the Introduction to *Milton: A Poem in Two Books* (Erdman 1988) can be read as a critique of unregulated economic growth, the ensuing destruction of village life, and England's "green and pleasant land." Of more interest, although less well known, was Blake's attack on conventional Christian theodicies. He was specifically critical of Bishop Watson's (1793) *The Wisdom and Goodness of God, in Having Made Both Rich and Poor*. In *The Four Zoas* (Ellis and Yeats 1893), Blake satirized any appeal to "The Wisdom and Goodness of God," but his vision was far more complex than simple atheism and he never departed from some notion of providence at work in history. As a transitional figure, Blake combined support for the French Revolution and embraced a powerful biblical view of human destiny.

Human beings can be held responsible for social or political calamities but not natural disasters. There is of course a related issue about whether any disaster is natural. The flooding of New Orleans in August 2005 following Hurricane Katrina

also involved out-of-date or poorly managed levies. Another cause was increased shipping, and finally there was bad planning and a poor response (Piazza 2005). The Indian Ocean earthquake and resulting tsunami that hit Indonesia and parts of Southeast Asia in 2004 was a natural event, but the looting and abuse of survivors increased their suffering. In that case, human sinfulness came after the natural disaster. How and where will we finally locate COVID-19 – a natural, human, religious, or political disaster?

The Holocaust and the philosophy of the Shoah

There might be agreement that natural disasters, however terrible, do not have convincing theological or moral answers. Modern science tells us that earthquakes occur as a result of movements of the earth's plates. We can prepare for earthquakes, but we cannot stop them. However, what about disasters that are primarily or only the consequences of human intervention? Lisbon was the crisis that brought an end to Leibnizian optimism (Wilson 1983). What did the Holocaust do? In this chapter I refer to two important religious examples: the construction of an after-Auschwitz response in Jewish thought and the godless theology of Dietrich Bonhoeffer.

For many Jewish thinkers, it was not possible to continue with Jewish traditions that had existed before the Holocaust, or Shoah (the Hebrew term for the Holocaust). Reflections on the meaning of the Shoah produced a diversity of responses from numerous Jewish intellectuals. The responses ranged from orthodox views that the Shoah was brought about by human wrongdoing to the idea that the Devastation had no intelligent or rational explanation. Thus, Menachem Mendel Schneerson, the leader of Chabad Hasidim in New York, rejecting the idea that the Devastation was caused by the moral corruption of Jews, concluded that there is no rational explanation and no elucidation for the Holocaust (Heilman and Friedman 2010, 146–47).

However, for many Jews the conclusion that the Shoah has no rational explanation is not in itself sufficient to assuage the demand for meaning in the face of meaningless history. One radical Jewish response came from Richard Rubenstein. By 1944, when evidence of the Nazi death camps began to emerge, he abandoned optimistic and anti-Zionist Judaism, embracing at a personal level Orthodox Judaism of the Lithuanian Talmudic scholars. In *After Auschwitz* (1966), Rubenstein argued that the only honest response was to reject God and accept the fact that all human existence is meaningless. In the 1960s, he adopted the view, influenced by Freudianism, that human beings must of necessity suffer, but not because they deserve to suffer. The Holocaust forces Jews to rethink their religion and their place in the world. His views were widely read in the 1970s when his idea that the death of God was now widely accepted as a cultural fact gained attention. Jewish responses have been unsurprisingly unending. Shoah Studies is itself a daunting collection of

responses. It is important to include Rubenstein in this historical account of theodicy, “because no Jewish thinker had ever attacked the God of the covenant and election with “such categorical rage” (Braiterman 1997; p 75). Here then is a theodicy of protest.

Emil Fackenheim (1916–2003) was one of the many Jewish thinkers who rejected Rubenstein’s tragic theology. In his *To Mend the World* (1984, xxxiv), Fackenheim quotes Elie Wiesel’s observation that the “Holocaust destroyed not only human beings but also the idea of humanity.” For Fackenheim, the Shoah renders rationalist philosophy absurd, but he did not develop a theodicy of rage in response. The mending of the world can only take place in Israel, because in the Diaspora Jews depend on others for their existence. His development of a new commandment that the authentic Jew cannot hand Hitler another posthumous victory.

If the idea of the death of God was present in post-Holocaust Jewish thought, then it was central to the theology of Dietrich Bonhoeffer (1906–1945). Under Nazi rule, many German Protestant churches had supported Hitler as the new head of the Church and collaborated with the Nazis to exterminate the Jewish population. A German pastor, Bonhoeffer had been a member of the inner group of military officers who attempted to kill Hitler. He was executed at the end of World War II. Bonhoeffer had come to the conclusion that no traditional theodicy was possible and a new Christian church had to be created around the idea of “the death of God” and “religionless” Christianity. The Church had to shed its outward and irrelevant garments of religion and assert its basic message that Jesus is Lord. Because “man has come of age,” we no longer need a God to explain disasters. The God of Christianity is a suffering God, and Christians can find meaning in despair by their identification with the Cross.

Bonhoeffer’s ideas gained considerable currency in the 1970s in England in the Student Christian Movement and came to public attention through the influence of John Robinson, the Bishop of Woolwich, who published his interpretation of Bonhoeffer and other German theologians in *Honest to God* (1963). However, the debate died relatively quickly as an issue of public concern, giving further weight to my argument that in a secular environment even “the death of God” is quickly smothered by what are seen to be more pressing immediate concerns.

Covid-19 and the theodicy of rage

Religious theodicies rarely or never prove convincing in a secular age, and therefore people in search of meaning may seek out secular, specifically political, explanations of injustice, suffering, and disaster. Is there a secular-political theodicy of COVID-19? In attempting to answer this question, we need to make a distinction between the role that religion plays in politics in the United States and its place in the European continent. Although religious membership and church attendance

have fallen in the United States, religion continues to play a significant role in politics, primarily in confrontation with various cultural issues such as teaching evolutionary theories in schools, abortion, gay rights, freedom of religion from state interference, the legal status of marriage, and Islam. Voters in the United States are more likely to agitate over such cultural topics than over economics and politics (Frank 2004).

Churches in the United States have in general been drawn into the politics of COVID-19 over the closure of churches for worship, and in some instances evangelical voices have joined forces with some Republicans in treating the pandemic as only equivalent to an annual influenza outbreak or in regarding the response of the federal government as “overreach” and unconstitutional. These responses contrast sharply with the place of religion in Europe. In response to the refugee crisis of 2019, several governments such as Poland, Hungary, and Greece saw the flow of displaced Middle Eastern refugees as a confrontation with the historic borders of Christendom. For some, these issues revived the historic differences between *Das Abendland* and *Das Morgenland* (Forlenza and Turner 2018) – a contrast between the enlightenment of the evening and the barbarism of the morning.

Political responses from the Far Right have ingredients that we can consider as emerging secular theodicies. We have seen the pandemic playing into the hands of right-wing movements: close the borders, bring an end to immigration, send migrant workers, refugees, and asylum seekers home, defend national sovereignty, undermine international cooperation, reject multiculturalism, destroy the liberal state, and remove the corrupt elites, who are parasitic on the working population.

With the convergence of right-wing views and government measures to contain the pandemic, the pandemic has on closer inspection exposed contradictory threads within extremist agendas. On the one hand, the Wuhan origins of the pandemic have been a basis for racist criticism of and attacks against Chinese communities, and on the other conspiracy theories have also claimed COVID-19 to be a Jewish infection. In general terms, the lockdown has intensified extremist hostility to state controls over the civilian population. Radical groups have been successful in justifying their hostility to the policing of the population in order to limit the spread of infections by appealing for instance to the Fourth Amendment, which prohibits unreasonable searches and seizures. More recently, as armed militias have appeared at various protests across the United States, they have also appealed to the Second Amendment, which proclaims that a well-regulated militia is “necessary to the security of a free state.” While the pandemic has been the occasion for extreme groups to further their cause on the back of the crisis, extremist agendas do not form a coherent or integrated set of objectives that could unite these diverse radical groups into a single movement. Civil society appears to be deeply divided in terms of very different responses to the cause and response to the pandemic along generations, classes, regions, and

ethnic minorities. In addition, elites are divided over whether the lockdown is worse than the pandemic. If there is a common element, populist ideas appear to be a shared resource for both left and right political groups.

These right-wing agendas are increasingly fueled by the modern growth of populist opposition to states and their ruling elites. This contemporary brew of populist fears has combined with an existing political theory that views the state as a threat to the traditional constitutional rights of citizens. Populist conspiracy theories often center on the notion of a “deep state” that determines the agenda of democratic politics. To understand the rise of right-wing militia groups in the United States, we need to go back to Ruby Ridge (1992), the Waco incident (1993), and the Oklahoma City Bomber (1995). The modern origins of the politics of extremism in the United States are with the Ruby Ridge siege in Idaho, when six marshals, with subsequent support from the FBI, killed members of the Weaver family in a firefight that lasted 11 days. It has been argued that militia groups in the United States trace their origins to the Ruby Ridge siege, which was held to be the responsibility of an overweening government against its own citizens. Ruby Ridge was followed by the Waco siege when the FBI attempted to apprehend and remove a community of Branch Davidians on allegations of drug abuse and polygamy. In the 51-day siege, 76 Davidians were killed, including women and children. In response to those incidents, Timothy McVeigh and Terry Nicholas bombed the Alfred R. Murrah Building in Oklahoma City, killing 168 people. These conflicts have become the basis of much far-right ideology and for ongoing suspicion of and hostility towards the state and its servants. While the Oklahoma bombing was the subject of intense debate, conspiracy theories, and the vilification of McVeigh, Gore Vidal (2002) wrote a sympathetic account of McVeigh as an intelligent if disgruntled citizen whose trust of government had been eroded by his experience as a decorated soldier in the Gulf War. The tragic outcome of the McVeigh bombing only confirmed a widely held conclusion that “Without Waco, there would be no Oklahoma.”

These events in the imagination of far-right militancy surfaced again in Charlottesville, Virginia, in the Unite the Right rally in 2017, which was a neo-Nazi and White supremacist march. One notable slogan from the rally was “Jews will not replace us.” This captures some aspects of the far-right fear of the decline of White America. So-called left-behind communities often see themselves as being displaced or replaced in population terms by immigration and by the belief that the fertility rates of orthodox Muslims and Jews are far higher than that of White nationals.

The rally captured diverse themes within political extremism against government overreach, especially with respect to gun ownership. Recent public attention has focused on the so-called Boogaloo Bois, which regards the pandemic as an important circumstance to promote the development of the Second American Civil War. Their members have appeared at various protests, marches supporting “Black Lives Matter,” and demonstrations against

government policies over social distancing, lockdowns, and travel restrictions. They have also been involved in the killing of police officers and the threatening of government officials. Modern media greatly facilitate the spread of their ideology through 4Chan Grabber and reddit. Many of their ideas about the pandemic are now available on Corona-chan news and some of their material has penetrated Facebook and YouTube.

Although the COVID-19 pandemic has had severe consequences for many European societies, specifically Italy, Spain, France, and Britain, there is a cluster of reasons that obstruct any effective control of the spread of the infection in the United States. In particular, individualism, federalism, populism, and key elements of the Constitution itself have made it difficult to implement lockdowns and widespread testing. As of composing this analysis of the crisis in July 2020, there is little evidence that the pandemic is under control or that the United States has yet to emerge from the first wave of the pandemic. Effective vaccinations remain in the future. In the midst of these problems, the White House is constantly at odds with Dr. Anthony Fauci, its chief scientific advisor. If the assembly of preventive measures and medical interventions do not produce an effective control of the health crisis, then “herd immunization” through the community spread of the virus may function as the unintended solution to the crisis.

One further hurdle for the authorities has been the claim that it is a fake pandemic or that COVID-19 is no worse than the annual outbreaks of influenza. Another option therefore is to deny the reality of the epidemic. Some evangelicals have been inclined to treat COVID-19 as a fake pandemic and have encouraged Christians to behave normally and trust in the Lord. Rodney Howard-Browne is a Pentecostal pastor at The River at Tampa Bay Church in Florida. His charismatic practice involves laying on of hands and speaking in tongues. Providing political support for the Republican Party, his political message involves opposition to abortion and opposition to Islam. In 2017, he and 17 other pastors attended the White House to lay hands on the president. In 2018, he published *The Killing of Uncle Sam: The Demise of the United States of America* (Howard-Browne 2018). Pastor Howard-Browne kept his church open during the COVID-19 pandemic, claiming it was a phantom plague organized by the Rockefeller Foundation to close churches and force people to take a vaccine that would result in mass deaths as an aspect of a population control program. In March 2020, the pastor was eventually arrested for unlawful assembly but subsequently released after posting a bond.

Resistance to lockdowns and compulsory testing is not confined the extremist groups. Control of the spread of the pandemic by state regulation has been seen by many conservatives as an infringement of their rights and liberties. Many conservative evangelical Christians have seen these measures as socialism and the work of the devil. In many respects, the COVID-19 crisis offers far-right movements a ready-made theodicy of the suffering of the White races and the need to defend

citizens against foreign intrusion and takeover. However, the current situation is also complex, and for many on the Far Right it involves the threat of a totalitarian state as illustrated by the “medical martial law.”

Are right-wing and left-wing ideologies secular theodicies? Insofar as they seek to explain the plight of groups that see themselves as victims of globalization, economic modernization, technological change, and uncontrolled immigration, we can regard them as political theodicies. At this stage, we can look more closely at the contribution of President Trump’s rhetoric to the forging of a secular-religious ideology that may function as a COVID-19 theodicy. The answer lies in the election slogan of Make America Great Again.

Trump has established a remarkable rapport with religious groups in the United States where his slogan MAGA has won widespread commitment. He clearly has strong support from evangelical Christians who welcome his attention to the Bible (often as symbol rather than substance). Evangelicals welcome his appointment of conservative legal experts to the Supreme Court, his defense of pro-life politics and attack on *Wade v. Roe*, his support of conservative educational measures, and his support for Israel including any extension of its territory. The support of Israel is consistent with evangelical beliefs about the land of Israel being the site of the Second Coming (Turner 2019). As a result, he also has support from ultra-Orthodox Jews over Jewish settlements and from Zionists who welcome his opposition to Iran and his defense of the Israeli state. Trump’s critical stance on Islam, one that has been widely seen as Islamophobia, is also consistent with evangelical opposition to liberal tolerance, multiculturalism, and interreligious dialogue. Finally, and perhaps equally surprisingly, he has support from Roman Catholics. While Catholics traditionally support the Democrats, Trump’s stand against abortion and his overt support of “family values” have attracted Catholic voters. These complex connections between the Trump presidency, conservative values, and religion are now widely recognized (Strang 2017); the style of Trump’s 2016 campaign and his subsequent rallies for his base have all the hallmarks of religious revivalism.

Trump’s support from religious groups, his populist attacks on the “Washington swamp,” his construction of rally speeches as religious revivalism, his foreign policy goals, and his slogans about American greatness constitute what S. Romi Mukherjee (2018, 2) has brilliantly called a “white political theology”, namely a doctrine “built on the racist Anglo-Saxon thesis, one whose defining narrative is that of a ‘magistrate of God’ under siege by the generally perceived ills of mixity, migration, and multiculturalism.” In my terms, this populist political theology is indeed a political theodicy. However, Mukherjee’s article was published in 2018, and therefore we have to ask how this political theology has survived in capturing widespread support as a theodicy for COVID-19.

Trump has in fact lost support over his management (or mismanagement) of the crisis. Attempts to open up states have produced increased spikes in infection. In addition, Trump’s views on masks, lockdowns, vaccinations, the WHO, the severity of the crisis, and the importance of social distancing have been inconsistent.

His version of political theology may have followers in his base, but his political credibility has been compromised by his response to the pandemic. However, the absence of a credible political theology or political theodicy has been undermined by his unpredictable response to the policies that are necessary to bring the pandemic under control.

Conclusion: a fractured public and the problem of meaning

As the pandemic continues to develop, we can anticipate a volume of commentary and analysis in terms, not just of its characteristics as a disease, its epidemiological history, and its social and economic consequences, but also its meaning and significance. We can expect to see some traditional religious theodicies in which the sinfulness of the human race has brought down this scourge, but such interpretations will not enjoy widespread currency. Similarly, notions that it is an invented crisis that is no worse than influenza, for example in the eyes of Jair Bolsonaro, President of Brazil, who dismissed the infection as merely a “sniffle,” will be confounded by rising death rates and failing health systems. If there is nevertheless a need for meaning making, are there any candidates? I have already argued that in political terms both left and right political movements are internally divided in their responses to the pandemic. COVID-19 presents both political extremes with conflicting and contradictory possibilities. The state can close borders against migrants and foreigners, but lockdowns are also seen as examples of state overreach. Neither sociodices nor theodicies appear to be gaining any traction, leaving individuals without stable meaningful interpretations of catastrophe, namely a response to the overthrowing of their normal routines. We cannot expect any coherent political sociodicy to emerge, and a theological meaning will not carry much weight. We might therefore come to a reasonable conclusion that, rather like the Holocaust, COVID-19 has no satisfactory rational explanation and that its character and consequences are meaningless.

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5

NECROETHICS IN THE TIME OF COVID-19 AND BLACK LIVES MATTER

Scott Schaffer

Prologue

Toronto, Canada. March 2020. The World Health Organization has just declared that the coronavirus known as COVID-19 has reached pandemic status. Like most other cities, states and provinces, and countries on Earth, Toronto begins shutting down everything but “essential services” – basic infrastructure and transportation, food production and provision, and pharmacies. My university likewise moved to an essential services model, where anyone whose job makes it possible is required to work from home, while caring for and educating their children who have also been locked down to the house. The Toronto Transit Commission (TTC) reports that ridership has dropped by about 80%; the notorious traffic in the city has virtually disappeared.

Virtually, that is. There is still 20% of the daily ridership of the TTC who still gets on their bus, their streetcar, and their subway train to go . . . where? To work? To care for family members? For the sheer macabre vision of empty subway trains making their way underneath Canada’s largest city? Why are these people out of their houses, often without masks or other personal protective equipment (PPE), when everyone else is locked down? As our household’s designated representative to the outside world, charged with provisioning our family, *I know* where they’re going. They’re going to stock the shelves at the Loblaws grocery store, with its multiple COVID outbreaks. They’re heading in to our dollar stores to tell people that no, they don’t have any disinfectant wipes or toilet paper, despite what the news is saying. They’re heading to the Central Food Terminal to ensure that the people of the province of Ontario continue to have access to foods grown all over the world as well as right here in Ontario, where migrant workers from Mexico still show up as one of the “hot spots” of COVID transmission due to the close working conditions and even closer living conditions their employers keep them in, all for

the sake of Leamington tomatoes. They are, in essence, going to work to ensure the continuation of our comfortable lives.

At one point, I began thinking of this as a kind of societal triage. Triage came into my head as a result of being trained as a safety warden at a workplace in California, where we were also posted to a variety of teams – I was on the search, rescue, and triage team. I knew the tag system – black for dead or dying regardless of treatment; red for “treatment might save this person”; yellow for “treatment will definitely save this person”; and green for the walking wounded. And as a result of having participated in the annual legally required disaster drill, which was run by one of the major Hollywood studios with hundreds of extras and thousands of dollars of ridiculously realistic special and makeup effects to reflect Los Angeles after a catastrophic earthquake, I knew the feeling of seeing someone in front of you, screaming for you to save them, and all you can do is put a black tag on their toe and walk away and vomit in the bushes (even if they were a paid actor), and go back to the ongoing triage process. That sickening feeling haunted me for weeks.

But I realized this wasn’t a societal triage. Triage reflects one particular set of relationships between human beings and resources. What was happening in Toronto, in Canada, in North America, and around the world was not reflective of that relationship between people and resources. In fact, it was the exact obverse relationship. And it was the extrajudicial execution of George Floyd – another in a 400-year-long string of Black men and women murdered at the whim of White people, whether civilians or members of the police force – and the subsequent, and surprisingly global, set of protests reaffirming that Black Lives Matter that brought this into focus for me. The deployment in Portland, Oregon, of brown-shirted shock troops from the US Border Patrol and the US Marshals office firmed this up. What we were seeing in 2020 was not triage. It was what I want to call the *necroethics* of late capitalism being brought into the light for all to see and recoil from.

Borrowing from Achille Mbembe’s critical work on the nature and operations of the racialized colonial system, I will show in this essay that even deeper than the necropolitics that Mbembe identifies as governing the political allocation of life and death, the two key events (thus far) of 2020 show us that control over the exposure to death is not something that lies simply in the hands of the settler colonial state or its political institutions. Rather, what COVID-19, the protests against racism and police brutality, and other manifestations of racist behavior by the meme-ified “Kevins and Karens” of North America (Alexandra 2020) have all brought to the fore is that underlying and undergirding the necropolitical system described by Mbembe is a *necroethics*, a set of ethical orientations and social relations that empower some individuals in our society to expose others – Others – to death, directly through brutal weapon-laden assaults, through calls to the police for completely innocent activities, and indirectly through exposure to an economic order that simply does not care who lives or dies in its quest for ever-greater economic growth.

Triage and its tailings

So why would my original impulse in the time of COVID have been to think that there was a process of societal triage occurring? On its face, determining who would get to live and who may die in a pandemic would appear to be triage, the process of sorting out people in a mass-casualty incident to determine who gets treatment and who will die regardless of whether they receive treatment. We generally come into contact with triage processes in the emergency department of a hospital, where the triage nurse assesses the extent of our injuries or illness and determines the priority with which we need to be treated. Every hospital has a set of triage protocols and algorithms by which they assess any individual who enters the emergency department and decide if they need immediate treatment or can wait to see a doctor, who would then be freed up to treat more urgent patients (Aacharya, Gastmans, and Denier 2011; Malasig 2020). In the emergency department situation, triage is an effort to balance the doctors' efforts to provide a specific patient with what they need to recover from their emergent situation – their usual approach to the practice of medicine – with the fact that there are multiple competing demands for medical attention. In the localized situation of a hospital's emergency department, triage is necessarily utilitarian; it “allocates resources according not to need but best outcome” (Lawrence 2020). So, we can see then that triage establishes a set of relationships between resources (medical in this case) and human beings who need access to those resources; and the directionality of that relationship heads toward the people who are being triaged, whom the resources are intended to support, protect, or heal. All persons are considered equal in this kind of triage situation; the only thing that determines whether they will receive treatment is the severity of the medical condition they present with and their likelihood of survival with or without treatment.

But what does this look like at the level of a society in the midst of a pandemic? The same kind of ethical relationship between scarce resources and people who need access to those resources is established, but we now find ourselves with an additional issue with which we must contend – namely, the availability of those resources at the societal or systemic level. As we have seen in countries such as Italy, Brazil, and the United States, the medical resources that are systemically available very frequently could not be allocated in a way that would benefit the greatest number with the greatest good, the utilitarian mantra. The structural availability of resources – ventilators, medications, and healthy medical staff – plays a considerable role in who receives treatment, and thus we see the need to further explicitly determine how these resources will be allocated in such a way so that the system is distributively just. As well, not only is the care of patients involved in this situation; those who develop and apply the principles of triage must also consider the care of the system itself, so that it can continue providing care for people who present later in the pandemic (Snell 2020). The need to care for both as many patients as possible, to provide the best possible outcome for the maximal number of people, and to

protect the healthcare system reveals that triage is an ethical practice that “reveal[s] the values and beliefs of a nation,” as Schlumpf (2020) reports in her discussion of a letter from 1,400 bioethicists organized by the Hastings Center in the US.

It is here that we enter into discussions regarding who merits treatment and who is treated equitably (Repine 2005) – and this is where I first got the sense that a kind of societal triage was operating in the COVID pandemic. Different countries, indeed even different states and provinces, have established different sets of priorities to determine who gets access to medical care in the pandemic. In some cases, healthcare providers are prioritized over all others, since they are needed to maintain the integrity and performance of the system and to reciprocally value those who have given themselves to the treatment of the ill (Schlumpf 2020; Pathak et al. 2020). In others, patients who have equivalent conditions should be randomly selected for treatment, thereby preserving the *prima facie* requirement of the equal treatment of persons (Solnica, Barski, and Jotkowicz 2020). In Italy, the system was so completely overwhelmed with COVID sufferers that a much more developed set of protocols needed to be established (SIAARTI 2020; Mounk 2020), one that even determined the situations in which palliative care might *not* be given to a patient who was clearly dying of COVID. Questions began to be raised by disability advocates about the extent to which existing disabilities and/or comorbidities would be considered in triage protocols, even when they were not necessarily pertinent to the treatment of COVID (Gavin 2020). And as Jeremy Warner wrote, “from an entirely disinterested economic perspective, the COVID-19 might even prove mildly beneficial in the long term by disproportionately culling elderly dependents” (Warner, in Waters 2020), thereby providing some kind of perverse ethical cover to the poor treatment of residents of long-term-care facilities.

These explicit efforts at equitably sorting out who ought to receive treatment in the instance of limited available resources get us closer to seeing how we could think of the COVID pandemic as reflecting a societal triage. As a society, we seemed to have decided that certain people, based upon their type of paid employment, needed to be protected and locked away in their houses in a kind of “white collar quarantine” (D’Eramo 2020), while others were so essential to the proper functioning of our society that they needed to continue to leave their houses, work, and possibly be exposed to the coronavirus, illness, and potential death. This appears on its face to be the same kind of sorting system that a triage protocol would use: identify the criteria on which we decide the extent to which resources will be allocated; assess the people exposed to the sorting protocol; and then apply the treatment. The problem here, though, is that this is actually the *obverse* of triage. It has the same form, so we could call it an isomer of triage, except that where triage involves the allocation of resources to support and heal people, what has happened in COVID is a reversal of the directionality of triage, giving us the allocation of people to support and heal resources – to essentially serve as profit fodder.

Essential workers, surplus persons, and the ethics of expendability

Certain occupations in the late capitalist economy were declared from early on in the pandemic to be essential for the continued operation of society. Health care was obviously one of these, as were pharmacies and food production and resale, but we lose sight of who counts as “essential” after that. According to McNicholas and Poydock (2020), blogging on behalf of the Economic Policy Institute, essential services in the US included food and agriculture; emergency services; transportation, warehouse, and delivery; industrial, commercial, and residential facilities and services; health care; government and community-based services; communications and IT; the financial sector; the energy sector; water and wastewater management; the chemical sector; and critical manufacturing industries. In the United States, that amounts to over 55 million workers, as opposed to 86 million who worked in nonessential industries, with the proportion roughly the same in Canada.

Where this begins to lead us toward understanding what I call the necroethics of late capitalism is by looking at who essential services workers tend to be. From the same Economic Policy Institute report, we find that the oft-valORIZED “frontline” workers – those who are most likely to be exposed to COVID – tend to be subalternized groups: women are the majority group in health care (76%) and government and community-based services (73%); racialized persons are the majority group in food and agriculture (50%) and in industrial, commercial, and residential facilities and services (53%); and approximately seven in ten essential workers do not have a college degree (McNicholas and Poydock 2020). In Canada, more than one-third of personal care workers (nurse aides, orderlies, and patient service associates) were newcomers to the country, and the majority of these were women, with the largest group Black and Filipino women (Turcotte and Savage 2020). In Toronto, Vancouver, and Calgary, more than 70% of personal care workers were immigrants. And 45% of the most recent newcomers working in these industries had a bachelor’s degree in health-related fields (*loc. cit.*), continuing the trend in Canada of newcomers being more highly educated than the jobs they are hired for would normally require. Other data show that primary earners with high levels of education tend to hold jobs that can be done from home (66% of workers with bachelor’s degrees or higher can do so, while less than 30% of primary earners with a high school diploma can work from home) (Messacar, Morissette, and Deng 2020). And those who work in industries which require face-to-face interactions (sales and services) or where working from home is not an option were most likely to lose their jobs (Statistics Canada 2020), putting about six in ten Canadian income earners at greater risk. And given the absence of legally mandated paid sick leave in the US and in many Canadian provinces, chances are that lower-income workers, even those given some kind of hazard pay for whatever short period of time it happened, are more likely to feel forced to work even if they are ill (Sainato 2020; Owens 2020).

Let's look at this from another angle. The workers who tended to be able to work from home – in other words, those who were safer in quarantine – tended to be those in North American societies who are granted a higher status based on either achieved or ascribed characteristics, who occupy higher occupational positions and a higher economic class position. Those who are situated in lower-status positions – less educated, non-White, newcomers, etc. – are more likely to work in fields that require that they leave their houses to go to work, and very often face greater and more frequent exposures. This situation is much the same elsewhere on earth: in India, the lockdown came with only four hours' notice, leaving migrant workers in construction and the urban service economy, who are more frequently from villages and lower castes, without paid employment, living space, and food, and they were unable to return home to be with their families, turning precarity into outright danger (Vasavi 2020). Nearly 2 billion workers globally work in the “informal economy,” and the International Labour Organization warned in April 2020 that 1.6 billion of them faced the loss of income (Inman 2020).

Put another way, the groups of people who are most exposed, most likely to catch, and most likely to die from COVID are those groups that have the least power and the least voice in our societies (see Nanda 2021, this volume; Parsons 2021, this volume). We can comprehend this in a variety of ways. These subalternized, frequently racialized, groups reflect the Other of settler-colonial societies (Schaffer 2004), those against whom the resources of that society are mobilized to keep them in their subordinate positions. We can also view them as the “socially disappeared”: “From the original disappeared it inherited its features: absence, invisibility, lack of representation, the impossibility of being put into words or being named. The social disappeared is broken identity and exclusion; it is dissociated body, bad death, and bad life” (Gatti 2020, 38). Or, following Joan Cocks (2020), we can view them through the lens of the surplus, a status that is imposed on Others, in part (as we have seen with Hochschild's [2018] work on Trump supporters) because people feel that they are becoming surplus themselves. Using any of these conceptual frames, we can understand the “essential workers” here as *expendable*, fodder to keep the global capitalist system going, which US Treasury Secretary Steven Mnuchin has said cannot be stopped, even if it takes hundreds of thousands of deaths (Mohsin 2020). And our willingness to expose these groups of people to the dangers presented by the pandemic demonstrates that a central component of late capitalism is an *ethics of expendability*, one that makes the death of Others easily conceivable if we validate them as heroes and temporarily raise their meager earnings by two dollars per hour (Lesutis and Las Heras 2020). Extrajudicial executions by the police, like those of George Floyd and Breonna Taylor, or of trans women of color like Riah Milton, Rem'mie Fells, and Merci Mack, only validate this expendability. Subordinated bodies, especially those of people who are Black, are only valuable when they can be used to protect or enhance resources, whether those resources are economic or juridical.

One might think that the exposure of nearly half the working population of the world to the risk of illness or death or to the loss of their employment would result

in a massive economic downturn. This, of course, depends on what one considers to be “the economy” – globally, unemployment rates are dramatically higher; but after the initial stock market crash after the pandemic declaration in March 2020, most markets have returned to their pre-pandemic levels. As Thompson (2020) points out, each bit of bad news – the pandemic declaration; the US going from 100 to 100,000 deaths; the nationwide protests that followed from George Floyd’s murder – led to rises in the stock market, in large part because those who are able to do so have continued to consume. So, despite the exposure of billions of people planet-wide to potential death, the economy, or at least that part of it made up by corporate profits, marches on – and we can now clearly see that this is not triage. Instead, it is its obverse. It is the allocation of persons to protect, enhance, or heal resources. It is a kind of “gangster capitalism” that “legitimizes the language of isolation, deprivation, human suffering, and death” (Giroux 2020). Capitalism denies its own ethos under its slogan, “business is business” (Gregoratto 2019). But its ethos has patently shown itself to be death for the many.

Death-worlds and their minions

In order to highlight how capitalism’s death ethos has come to the fore, I turn now to Mbembe’s conception of necropolitics. Drawing from a deep analysis of the historical and social logics governing the operations of colonial and post-colonial regimes, Mbembe terms the most insidious of these political logics *necropower*, a form of political sovereignty that means “the capacity to define who matters and who does not, who is *disposable* and who is not” (Mbembe 2019, 80, emphasis in original). In the colonial order, this is done through the tools of politics, geography and urban planning, and culture (Mbembe 2019; Schaffer 2004). Areas of a colonized land are defined as places of “ill fame,” while Indigenous cultural practices are forbidden and new ones imposed on the colonized in order to, as Jules Ferry famously said, “create little brown Frenchmen and Frenchwomen” (or in the case of residential schools in Canada, “taking the Indian out of the child,” as John A. Macdonald, Canada’s first prime minister, says, initiating 125 years of anti-Indigenous necropolitics in Canada). To quote at length for reasons that will soon become clear:

I have put forward the notion of necropolitics, or necropower, to account for the various ways in which, in our contemporary world, weapons are deployed in the interest of maximally destroying persons and creating *death-worlds*, that is, new and unique forms of social existence in which vast populations are subjected to living conditions that confer upon them the status of the *living dead*.

(Mbembe 2019, 92, emphasis in original)

On Mbembe’s analysis, necropower is firmly in the hands of governmental or juridical actors. Following Foucault’s logic of biopower, in which state agents have

control over life, Mbembe identifies key structural components as being the site at which necropower operates – namely, the colonial or post-colonial government and the economy. The slaveholder; the colonial or post-colonial potentate; or the colonial occupier (from the 10th century onward, the list exhausts all my remaining space) – all of these mechanisms are responsible for the creation of the “death-worlds” that expose people to death or disappearance, whether real or simply social.

But, as I have indicated earlier, this is not the sole way in which this kind of necrotic activity can take place. The Kevins and Karens of North American society are not state agents: they are customers at a Chipotle; they are people who believe that their Black neighbor is illegally building on his property simply because he is Black, or they are blocking a Hispanic man from entering his own parking garage; or they are democratically elected leaders facing re-election who believe they will gain political support in saying that some people will have to be sacrificed for the sake of the American economy. While the police are clearly agents of the state that enforce a kind of necropower, they do not operate in the shadows; they are happy to kneel on someone’s neck for nearly nine minutes while being videotaped, because they believe that other people will think they did the right thing, or in the aftermath of that extrajudicial execution, continue brutalizing racialized bodies even though the eyes of the world are on them. And “the economy” is not a state agent; but the top 10% of wealth-holders in the US, who own 92% of all stocks (and whose stocks rebounded very quickly after the onset of COVID), are still happy to expose nurses, doctors, fast-food workers (and now restaurant servers), and others to coronavirus-related illnesses or potentially to a long, slow, solitary death.

These are not political or juridical acts, or even necessarily economic acts. No, these exist at a level much deeper than these structural aspects of modern society. Because while the person who holds out the belief that some need to be sacrificed for the sake of protecting resources may be an elected leader like Donald Trump or a billionaire like Jeff Bezos, they do not hold their views on their own. They expect that others will endorse them and orient to others similarly, or at least accept their claims about the expendability of other human beings (and their particularly chosen set of human beings, whether racialized or classed or otherwise classified) as legitimate.

These are the *necroethics* of late-modern capitalism – that set of ethical beliefs and orientations that underlie and undergird the political, economic, military, or juridical abilities or forms of sovereignty that enable the creation of death-worlds to which others ought to be exposed.¹ And they have always been present in liberal-democratic capitalist societies: in the enslavement economics that built the Western capitalist economies; in the colonial efforts to turn the peoples of the world into either beasts of burden or second-class citizens through education or under the heel of a boot; through the creation and implementation of public policies that make working and parenting simultaneously impossible and at the same time mandatory due to high childcare costs (Choi

and Chyu 2020) and a lack of paid sick leave; the continued diminution of potential increases in wealth by racialized groups through overpolicing, the legacies of redlining in the US (Holmes 2017; Coleman 2020), or the funding of municipal services on the backs of overpoliced groups (Kelley 2020); or the maintenance of cis-heterosexual hegemonies through the destruction of trans bodies. COVID and the Black Lives Matters movement have only made these necroethics patently obvious.

Perhaps by bringing this liberal-democratic capitalist necroethics into the light, we can show that it's not triage for the sake of saving others but culling human beings, members of our society, for the sake of saving the resources of a few. Perhaps this will also be the historical moment at which this ethos ends, and we can transform the death-worlds we have enabled to be created into worlds that give all people life.

Note

- 1 What to my mind had been a neologism has been used by a few scholars before me. Pugliese (2010), for example, uses necroethics to highlight the ways in which Levinas's ethics implies a responsibility for the dead; hence, necroethics "emerges through necropower's blurring of the 'lines between resistance and suicide, sacrifice and redemption, martyrdom and freedom' (Mbembe & Meintjes, 2003, 39)" (Pugliese 2010, 230). Pugliese argues that the necroethical responsibility is held by the terrorist for the dead they bring about.

This is to my mind *the exact opposite* of the form of necroethics I identify in our current situation. Rather than the "undecidable" Levinasian ethical responsibility for the dead that Pugliese argues for, the version of necroethics that shows itself through COVID-19 and the anti-racist rebellions is actually *a denial of responsibility for the dead*: "We do not want to die, so these Others must because of who they are and what they do; but we deny that we are responsible for their poor lot in life" is the song I hear sung in 2020. This puts it more in line with Chamayou's (2015) conception of necroethics in the use of drones to conduct warfare, which is done primarily to avoid casualties on the side of the aggressor; hence, the dead produced by the drone-as-tool are the "collateral damage" that results from protecting our soldiers' lives.

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6

ECOLOGY, DEMOCRACY, AND COVID-19

Rereading and radicalizing Karl Polanyi

Eren Duzgun

The Godzilla-like image of the COVID-19 virus has been haunting the world. Not only has the virus unraveled nightmarish possibilities of the deaths of millions of people, but it has also served as a quintessential case revealing the contradictions and unsustainability of global capitalism. This chapter draws on Karl Polanyi's economic sociology to make sense of the causes and possible consequences of the coronavirus crisis. I argue that Polanyi's concepts of "(dis)embeddedness," "fictitious commodities," and "double movement" point to a broader argument concerning not just the "economy," but the causes and implications of undermining the "natural and human substance" of society at large, hence useful in analyzing the social and ecological crises that have helped to cause the pandemic. Furthermore, I show that Polanyi's work, often championed for its alleged support for regulated, social democratic, welfare capitalism, in fact promotes an anti-capitalist political vision. Polanyi's radical critique of the capitalism of his time sheds new light on the ways in which the present crisis can be overcome.

The chapter proceeds in four steps. The first section discusses the relation between the emergence of coronavirus and ecological crisis. It shows that the biological blitzkrieg activated by the coronavirus has thrown into sharp relief the immediately existential and undeniably global contradictions and consequences generated by capitalism. In the second section, I begin to debate the relevance of Polanyi for a sociology of COVID-19. I argue that by emphasizing the historical specificity and contradictions of market society, Polanyi theorizes the social and ecological conditions that have led to the rapid spread of COVID-19. In the third section, I demonstrate that Polanyi offers a valuable theoretical base to assess the possibility of "green capitalism." Contra Polanyi's social democratic interlocutors, I contend that Polanyi's concept of "embeddedness" resists and overturns the wishful expectation that markets, if properly regulated, can solve the ecologically

destructive impacts of global capitalism. The final section shows how Polanyi can help us make sense of another crisis of global capitalism, i.e., crisis of “democracy,” which has been exacerbated by COVID-19 and is critical to develop a balanced assessment of what the post-pandemic world may look like.

Facts on the ground

Several researchers agree that COVID-19 is quite an unprecedented virus. Unlike seasonal influenza, COVID-19 is ten times deadlier and we have yet to develop a medical remedy or herd immunity to slow it down – the best estimates for the development of a vaccine are at least late 2020 or early 2021 at best. The virus’s mortality rate seems much lower than earlier pandemics (such as Ebola [1994], avian flu [1997], SARS [2002], MERS [2012]), yet the manner in which COVID-19 spreads, i.e., its mode of infectivity, seems radically different. Unlike earlier pandemics, the virus has proved infectious even before carriers display any symptoms, which renders it often undetectable during the 14-day incubation period.

Given that we are unable to detect it early or cure it, we are rather helpless against the virus’s global march. Emergency measures such as compulsory quarantines, social distancing and improved hygiene standards may temporarily slow down the virus’s pace, yet once these measures begin to be relaxed – as they have already been – it is very likely that the virus will be at our door again. This grim picture gets even more complicated by the fact that the virus is likely to go through several mutations. The virus may increase its adaptability to new climatic and generational circumstances, hence increasing its lethality across all age groups regardless of climatic conditions.

COVID-19 is not the first “modern” pathogen with global consequences. The Spanish flu (1918), for example, was sweeping in terms of its geographical span as well as devastating in terms of its death toll. As Mike Davis (2020) notes, the Spanish flu broke out at a time when billions were still in the process of being (forcibly) incorporated into the capitalist world market. The expansion of markets eliminated the very basis of safety-first agriculture, undermining local reciprocities and solidarities that traditionally provided welfare to the poor during crises. Indeed, what prepared the ground for its outbreak and exacerbated the impact of this early 20th-century pathogen was the deterioration of nutritional standards under market imperatives as well as the exigencies and scarcities caused by the Great War.

COVID-19, by contrast, has begun its journey and taken its biggest toll thus far in the most advanced and affluent parts of the world. This is to say, the contagion is no longer limited to the persistently undernourished, underdeveloped, and war-torn parts of the world; its impact is no longer restricted to a distant wet market or a Third World country alone. Instead, it has emerged in, and expanded in, the very heart of the capitalist world order at a time when capitalism has not only been already firmly established across the globe but has been testing the eco-biological limits of the entire planet. Should things remain the same, COVID-19 and its

future cousins are likely to claim the lives not just of those at the margins of the global political economy, but increasingly of those at the very center of it. In this sense, the biological blitzkrieg activated by the coronavirus has become another pivotal moment revealing the immediately existential and undeniably global contradictions and consequences generated by capitalism.

Critical biologists and epidemiologists have put the blame on industrial agriculture as the root cause of the emergence of new pathogens since the 1990s. According to Rob Wallace (2020), giant agribusiness and resource extraction firms have now reached the last virgin forests and smallholder-held farmlands in the world, subordinating them to the logic of capitalist markets. The loss of the ecological diversity and complexity of these huge tracts of land has increasingly forced wild food operators to hunt in previously untouched parts of the jungle, which, in turn, has increased “the interaction with, and spillover of, previously boxed-in pathogens, including Covid-19.” Likewise, global warming has forced or allowed pathogens to escape their natural habitat. As a result, new viruses against which we have no immunity “are being sprung free, threatening the whole world.” In short, as John Vidal writes (2020), “we disrupt ecosystems, and we shake viruses loose from their natural hosts. When that happens, they need a new host. Often, we are it.”

That some agribusiness firms have been blatantly risking lives for profit would not come as a surprise to the critical reader. Even Bill Gates (2015) has been sounding the alarm about the potentially deadly consequences of irresponsible business practices and new viruses. Yet, what tends to remain underemphasized in these debates is that the blame belongs solely neither to “greedy” firms that have driven viruses out of their natural habitat nor to “short-sighted” politicians who have not invested enough in vaccine technology or national health systems. Instead, the problem is rooted in the very structure and rationality of the system as a whole. That is, hundreds of thousands of people across the planet are dying as a result of the “successes” of the very system “we” created in the first place, i.e., capitalism.

Karl Polanyi and fictitious commodities

How did we end up losing control of an “economic” system of our own making? Karl Polanyi argues that this is indeed an anomaly in human history. That is, the conception of the “economy” as an autonomous sphere dictating its own rules over society did not exist in noncapitalist societies. “Neither under tribal, nor feudal, nor mercantile conditions was there . . . a separate economic system in society” (Polanyi 1957b, 74). The economy either “remained nameless” or had “no obvious meaning,” for the economic process and prices were instituted through non-market means, such as kinship, marriage, age groups, status, political patronage, etc. (Polanyi 1957a, 68–71). Even “where markets were most highly developed, as under the mercantile system,” the economic system, as a rule, “was absorbed in the social system” and showed “no tendency to expand at the expense of the rest” (Polanyi 1957c, 71).

In this sense, the market with a distinctive logic, autonomy, and dynamic of its own was completely unknown to our ancestors. “[N]ever before our time were markets more than mere accessories of economic life” and, indeed, the emergence of the idea of “self-regulating” markets represented a complete reversal of the way in which past economies functioned (*ibid.*). In order for “self-regulating” markets to self-regulate, a variety of political and institutional arrangements had to be initiated to progressively eliminate the nonmarket survival strategies that humans previously relied upon. Most notably, the age-old communal systems of social and moral regulation needed to be eradicated, a process that *systematically* subordinated the “natural and human substance of society,” i.e., land and labor, to market relations for the first time in history (1957c, 44).

At the heart of the rise of capitalism, therefore, rested a “political,” legal, and violent process that led to the historically unprecedented characterization of land and labor as commodities. Obviously, land and labor are no other than human beings and the socio-natural order in which humans exist; therefore, they can, at best, be “fictitious commodities” (Polanyi 1957c, ch. 6). Yet, capitalism’s very existence hinges on its political ability to continuously reproduce this fiction. Without treating and thinking of human beings and nature as “factors of production,” i.e., without treating the planet’s living substance as commodities, it would have been impossible to view the “economy” as an institutionally and motivationally self-regulating sphere of life. Likewise, the view of economy operating according to its own laws would not be possible without creating the image of “nature” as a realm distinct from society. The ensuing nature–society dualism empties nature of its prior social content, reducing it to mere “things,” objects and instruments of exchange (Prudham 2013, 1579).

What transpires from this brief exposition is two-fold. First, Polanyi’s emphasis on the novelty and politically constituted nature of market society constitutes an entry point for a systematic critique of the conditions that have contributed to the emergence of COVID-19. He shows that capitalism presupposed from the very beginning a radical transformation in the human use of nature as well as in the provision of life’s essential requirements. It has conditioned people’s utilization of nature and enjoyment of life to their ability to increase market competitiveness, profitability, and productivity. It has institutionalized a mode of life that needs to continuously expand, and while doing so, systematically subordinates society and “nature” to the imperatives of the marketplace. In short, capitalism is characterized by a persistent drive to increasingly commodify socio-natural order at large (also see Wood 1998).

Second, and relatedly, Polanyi’s insights about the historical novelty of market society show that the danger of global extinction that we have been going through is not a temporary hiccup in an otherwise smoothly operating capitalist ecosystem. In other words, COVID-19 is not an accidental or temporary phenomenon; the virus has not emerged (nor will any of its future incarnations emerge) like a thunderbolt out of a blue sky but has been a constant possibility built into the very

structure of market society. Indeed, the virus has exposed in the starkest way the imminence of the ecological crisis brought about by capitalism's global march. It has epitomized the fundamental contradiction between the limitedness of our planet and the endlessness of capital accumulation in a manner that perhaps no other single phenomenon has ever done in modern history.

Karl Polanyi against “green capitalism”: “embeddedness” reconsidered

While Polanyi's concept of fictitious commodities helps us make sense of COVID-19 as a socio-ecological phenomenon, his concepts of “embeddedness” and “disembeddedness” provide even more innovative insights into the question as to what must be done to remedy the conditions that gave birth to the pandemic. Disembedding refers to a process during which the markets are stripped of their former social and moral embellishments, which ultimately turns society and nature (however fictitiously) into an adjunct to the market, i.e., the market is no longer a space wherein surplus labor and surplus product are occasionally sold, as has been the case for millennia, but turns into an imperative for social reproduction as a whole. Therefore, the birth of market society involves a shift from embeddedness to disembeddedness as a socio-ecological condition.

That said, to Polanyi, fully disembedded markets are impossible. For, every attempt at radicalizing disembeddedness, i.e., every attempt at pushing “the market mechanism to be sole director of the fate of human beings and their natural environment . . . would result in the demolition of society.” Not only does this entail the destruction of the physical and mental fabric of human beings, but equally important, as society's protective shell is disturbed, “nature would be reduced to its elements, neighborhoods and landscapes defiled, rivers polluted, . . . the power to produce food and raw materials destroyed” (Polanyi 1957c, 76). In short, the idea of a “self-adjusting,” fully “disembedded” market is a “stark utopia.”

Such an institution could not exist for any length of time without annihilating the human and natural substance of society; it would have physically destroyed man and transformed his surroundings into a wilderness.

(Polanyi 1957c, 3)

What disembeddedness is and entails for the socio-natural order is quite clear. Nevertheless, the question as to what Polanyi means by “embeddedness” and what he proposes to establish “embedded” societies has proved to a bone of contention among his interlocutors. A brief synopsis of this debate is necessary to assess the analytical reach and political relevance of Polanyi's concepts in the context of the coronavirus crisis. On the one hand, the idea that self-adjusting markets are a utopia suggests that every form of society would try to safeguard itself (in one form or another) from the detrimental effects of markets. Indeed, based on this insight, the

dominant reading of embeddedness claims Polanyi for a social democratic vision of the world. According to Fred Block and Margaret Somers (2014, 221), for example,

Polanyi's vision depends on the possibility of a political-economic compromise by which businesses would continue to earn profits, but they would accept regulatory restraints, taxation, and the steady expansion of social welfare institutions.

Therefore, although "Polanyi's writings defy easy classification," so runs the argument, "[he] was an expansive social theorist and social democratic thinker who still believed in the indispensable role of markets" (Block and Somers 2014, 7) and whose vision of redistributive capitalism has been epitomized most notably by the Scandinavian experiments with the welfare state (Block and Somers 2014, 221).

Indeed, since the 1970s, similar interpretations of Polanyi have been mobilized extensively across the social sciences to make sense of the so-called Golden Age of post-war capitalism and its subsequent collapse. On this reading, the expansion of international markets between circa 1945 and 1970 was accompanied by regulative and protective measures, which ultimately laid the foundations for an "embedded liberalism" (e.g., Helleiner 1995; Stiglitz 2001). During this period, concerns for efficiency and competitiveness were reconciled with demands for wage increases, job security, expansion of the welfare state, and improvements in the living conditions of the majority of the laboring masses, as well as the expansion of civil and political liberties. In this sense, it has been argued that the period of embedded liberalism was the reverse image of what would come subsequently. Restructuring the protective and regulative measures of the previous period, neoliberalism has created a disembedded social and international order vulnerable to socioeconomic and socio-natural crises akin to what Polanyi envisaged in his work (for a critique see Lacher 1999).

All that said, however, this social-democratic reading of Polanyi is susceptible to various ambiguities. For one thing, as some revisionist scholars (most notably Lacher 2019; Cangiani 2009; Clark 2014) have emphasized, although Polanyi recognized the need and possibility of re-embedding markets, he pointed to the impossibility of achieving embeddedness by regulating market society. He argued that attempts at regulating markets, albeit a necessary response to *laissez-faire*, back-fired catastrophically during the interwar period, becoming the source of future dislocations and crises.

Inevitably, society took measures to protect itself. But whatever measures it took impaired the self-regulation of the market, disorganized industrial life, and thus endangered society in yet another way. It was this dilemma which forced the development of the market system into a definite groove and finally disrupted the social organization based upon it.

(Polanyi 1957c, 3–4)

Block and Somers, arguably the most influential proponents of the social-democratic interpretation of Polanyi, are indeed aware of this and similar assertions in Polanyi's work, which they interpret as theoretical "tensions" or political "inconsistencies." They maintain that "[i]t is not logical for Polanyi to claim both that a system of self-regulating markets was impossible and that any effort to constrain or limit market self-regulation was doomed to produce a systemic crisis" (Block and Somers 2014, 85). Yet, when one considers Polanyi's emphasis on the *differentia specifica* of market society, i.e., its constant drive to produce, reproduce, and expand "fictitious commodities," his pessimism of the possibility of "regulated markets" looks much less like an interpretative inconsistency and much more like a logical conclusion from his analysis of market society. After all, if disembedding began with the treatment of human beings and nature as if they were commodities, the inference must be clear: the economy can be truly re-embedded only when fictitious commodities are decommodified. By "de-commodification" and embeddedness, Polanyi did not understand a capitalist welfare state, in which social rights are merely an appendix to the rights of property. Instead, he understood it as the subordination of the economy to society. Re-establishing the primacy of society over markets, he concluded, "may happen in a great variety of ways. . . . But the outcome is common to them all: the market system will . . . not comprise labour, land and money" (Polanyi 1957c, 257).

Indeed, Polanyi's distrust in regulated capitalism has been vindicated by the fact that no social democracy, even the most redistributive ones, has ever tried to take labor or nature out of the marketplace. True, the Bretton Woods institutions enabled (few) welfare states to achieve some degree of decommodification, yet this never amounted to the complete eradication of labor as commodity, which was precisely what Polanyi viewed as the crux of a process of re-embedding. Furthermore, as Polanyi predicted, social and political rights associated with the partial decommodification of the post-war years have since been scapegoated for the crises of capitalism. Partly due to the ideological assault of neoliberalism and partly due to the increasingly globalized nature of production and finance, welfare states and interventionist social democracies have lost credibility in the eyes of the vast majority of people, paving the way for a persistent and almost unlimited cycle of re-commodification and further crises. Also, seen from this angle, it is hardly surprising that the so-called embedded liberalism was not embedded in an ecological sense either. Instead, this period witnessed an unprecedented increase in environmental destruction, during which "ecological disembedding increased exponentially in intensity and came to subsume literally all corners of the planet" (Bernard 1997, 87).

Overall, then, for Polanyi establishing an embedded economy had much less to do with a regulated and redistributive capitalism and much more with the building of a social order alternative to capitalism (more on this later). Rereading Polanyi in this light inevitably radicalizes our interpretation of the socio-ecological crises that have produced COVID-19. For one thing, Polanyi sheds further doubt on the reformist expectation that markets, provided with right signals and incentives, can

themselves fix the ecologically destructive impacts of market competition through eco-friendly innovations and technical changes. In this sense, Polanyi's conceptual apparatus resists and overturns the wishful expectation that a green capitalism or a "Green New Deal" would be able to solve the problems facing us today. Indeed, a closer look at the various proposals for a "green capitalism" corroborates Polanyi's doubts, revealing that we hardly have the time or resources to save the world by market-based or market-friendly means. Even before COVID-19, there were several scholars confirming that even if we did everything "right," from investments in more efficient to eco-friendly technologies to implementing a global carbon tax, it would still be impossible to run a successful global market economy without causing some form of ecological collapse (Hickel 2018). For example, "to keep global warming to only 2 °C simply by technical means, about 80 percent of all of the energy used in the world . . . would need to be replaced by CO₂-neutral technologies." Achieving this, as estimated by the entrepreneur and inventor Saul Griffith,

would require building the equivalent of all the following: a hundred square metres of new solar cells, fifty square metres of new solar-thermal reflectors, and one Olympic swimming pool's volume of genetically engineered algae (for biofuels) every second for the next twenty-five years; one three-hundred-foot-diameter wind turbine every five minutes; one hundred-megawatt geothermal powered steam turbine every eight hours; and one three-gigawatt nuclear power plant every week.

(quoted in Magdoff and Bellamy-Foster 2011, 121–22)

Therefore, the goal of keeping markets and economic growth intact while simultaneously decreasing their negative impact on the ecosystem looks unattainable. The immediacy and severity of the ecologically induced health crisis forces us to think beyond the mere "greenwashing" of the markets. As foreseen by Polanyi more than 70 years ago, unless the very structure of the global political economy changes, unless we alter the political-economic relations and institutions as well as reorient our personal priorities, habits, and expectations in life, we should expect more environmental problems, hence more pandemics in the future (cf. Adaman, Devine, and Ozkaynak 2003).

This ecological barrier also provides the necessary background against which to analyze another, yet interconnected crisis of global capitalism, i.e., crisis of "democracy," which has been exacerbated by the present crisis and is critical to develop a balanced assessment of what the post-pandemic world may look like from a Polanyian perspective.

Socialism or fascism: Polanyi's "counter-movement" in the post-pandemic world

Several scholars see Polanyi's view of modern history as a pendulum swing between movement and counter-movement. The former stands for the periods of expansion

and deepening of market society, whereas the latter is used to conceptualize measures to protect society from the destructive impact of market deregulation. Fueled by these contending tendencies, societies expand and restrain market forces, ultimately producing a variety of market societies (for a discussion, see Dale 2012). From this angle, COVID-19 is likely to be interpreted as the most contemporary manifestation of the pendulum struggle concerning socio-ecological protection and market deregulation. Environmental dislocation, caused by economic deregulation, has affected society through the coronavirus, forcing a regulatory and political response, i.e., a counter-movement.

What kind of counter-movement is COVID-19 likely to engender? The radical interpretation presented previously forces us to go beyond the conventional pendulum view, enabling a more radical interpretation of counter-movement in the context of the coronavirus crisis. That is, Polanyi is adamant that if protectionism stops short of removing labor, land, and money from the market, it will inevitably end in crisis. Precisely for this reason, in his magnum opus, *The Great Transformation*, he showed in great detail how the measures taken to safeguard society from market pressures “conflicted fatally with the self-regulation of the system,” aggravating the contradictions of capitalism in ways that ultimately precipitated the catastrophic collapse of the 1930s (Polanyi 1957c, 87). Seen from this perspective, by counter-movement Polanyi did not mean the moderation of “the excesses of market fundamentalism,” but the ultimate resolution of the “existential contradiction between the requirements of a capitalist market economy for unlimited expansion and the requirements of people to live in mutually supportive relations in society” (Polanyi-Lewitt 2005, 172). In other words, given his belief in the unreformability of market society, Polanyi’s counter-movement did not allow a choice between capitalism and “capitalism with a human face.” Instead, the logic of his argument pointed to a more radical choice that human beings would eventually have to make. In response to the crises of the 1930s, they would opt either for “fascism,” which is a form of “regulated capitalism” that would further expand and deepen market society at the total cost of democratic institutions, or “socialism,” which, for Polanyi, was the only way to end the subjugation of democracy to the competitive requirements of the market system.

Either Democracy or Capitalism must go. Fascism is that solution of the deadlock which leaves Capitalism untouched. The other solution is Socialism. Capitalism goes, Democracy remains.

(Polanyi 2018, 129)

In short, to Polanyi, while liberalism and fascism were two sides of the same coin, the way out of the crisis of market society, i.e., socialism, was dependent on people’s ability to build a radical democracy rooted in the “communal ownership of the means of production.” In other words, the solution requires “the extension of democracy to the economic sphere” (Polanyi 2018, 151). Answering the question

as to what kind of radical democracy or socialism Polanyi had in mind is beyond the scope of the present essay (for a discussion, see Brie and Thomasberger 2018). What is more important for my purposes here is the fact that the stark choice between fascism and socialism to which Polanyi alerted us looms in the current conjuncture perhaps more urgently and critically than ever.

As predicted by Polanyi, capitalism has long been suffering from a progressively worsening democratic deficit. During the first three decades following World War II, massive productivity increases alongside working-class struggles allowed for steady increases in wages, job security, institutionalized wage bargaining, expansion of the welfare state, improvements in the living conditions of the majority of the laboring masses, and the expansion of civil and political liberties. Yet, this brief period of generalized prosperity and stability also facilitated the incorporation of the (Western) working classes into capitalist institutions and ideology. The demands for higher wages were effectively separated from the demands for radical equality and political autonomy within the institutionalized mechanisms of wage bargaining. Mere reliance on routine collective bargaining, lobbying, and elections pacified, bureaucratized, and depoliticized most of the radical elements within the Western working classes, causing them to gradually give up and forget earlier forms of working class solidarity and protest such as massive and long-lasting strikes, occupations of workplaces and public spaces, and street demonstrations (Post 2018). A hypercompetitive, consumerist, and politically docile subjectivity, fortified and controlled by new technologies of surveillance and debt, has eventually prevailed among the working classes, rendering it increasingly difficult to imagine a world beyond capitalism.

The implication is that when the economic downturn came in the 1970s, working classes were mostly demobilized, devoid of most of their earlier radicalism to resist the looming neoliberal turn in the global political economy. Forms of popular sovereignty and socioeconomic rights that prevailed during the so-called golden age of capitalism could now be sent to the neoliberal slaughterhouse without much outcry. Against this background, it is scarcely surprising that since the end of the 1970s capitalism has persistently removed the institutions of “economic” decision-making from democratic scrutiny either by resorting to explicitly authoritarian measures or by creating technocratic institutions of governance. “Independent” or “supranational” institutions of governance have proliferated, so have stronger executive bodies and governments ruling by decree. The remaining “democratic” institutions have been unable to change anything substantial in the lives of ordinary people amidst growing social inequality, high unemployment, and lower social mobility. As a result, especially since the new millennium, the masses, disappointed by “establishment” political parties, have increasingly turned to right-wing and left-wing “populist” leaders or movements for transformative politics (Gonzalez-Vicente and Carroll 2017).

On the left, populism has been structurally disadvantaged in carrying out the tasks it set out for itself. As evidenced by the retreat of the leftist “pink tide” in

Latin America and Syriza in Greece, the ability of 21st-century reformist left governments to deliver anti-neoliberal policies has been severely constrained by the structural requirements of globalized production and finance. The mobility of global capital and fluctuations in primary commodity prices, combined with capital's ability to withhold investment and employment in the face of unfavorable government policies, renders a left reformist strategy to overcome neoliberalism very hard to implement on a sustainable basis. Right-wing populism too has been unable (if not utterly unwilling) to "reform" neoliberalism. Despite the rise of a mercantilist discourse among some of its proponents, right-wing populism is equally subjected to the rules of competition in a globalized marketplace; hence compliance with, instead of defiance of, neoliberalism has remained the norm. Yet, unlike populism on the left, right-wing populists have taken a xenophobic, sexist, and nationalist stance. They have usually associated the negative outcomes of neoliberalism (e.g., chronically high unemployment, precarious jobs, decline of public services, etc.) with immigrants, Muslims, LGBTQ people, and the intrusion of foreign and domestic enemies (real or imaginary). Right-wing populisms have taken many forms, differing from country to country; yet all right-wing populisms have shared a reactionary, chauvinist, and authoritarian way of doing politics.

Overall, even before COVID-19, capitalism seems to have been leading the vast majority of the world to a future that is ecologically impossible and politically nondemocratic. The implication is that, as Polanyi argued in the context of the interwar period, COVID-19 is likely to force us to make a stark choice between socialism and fascism. On the one hand, it is becoming increasingly clear that any meaningful attempt at solving the present, and future, socio-ecological crises needs to take the bull by the horn. As long as the underlying dynamics of our lives remain the same, as long as we keep treating nature and human beings as commodities, no cosmetic surgery will do. To the contrary, historical experience suggests that such minimal interventions will sooner or later backfire, relegitimizing capitalism pure and simple. The only way to re-embed our economies and save our lives from ecological and social collapse is by intervening in the very heart of the beast: land and human beings need to be taken out of the market. The beast is not tameable; it needs to be killed.

Obviously, such a decisive way out of this conundrum rests on the organizational ability of progressives of the world to radicalize and internationalize societal demands for change. As Polanyi anticipated, imagining and realizing a noncapitalist future, albeit a herculean task, is the only feasible solution to the economic, political, and ecological deadlock in which we have found ourselves. Undoubtedly, this requires a political strategy that seeks to challenge the limits of legality and transcend the dominant forms of individual subjectivity and national identity. Winning any significant and enduring gains will require massive resistance on a global scale and the construction of a new mode of life that will nurture egalitarian, ecological, and internationalist modes of being and solidarity.

Should a noncapitalist alternative fail to emerge, it is very likely that the pandemic will exacerbate the present deadlock in the global political economy, ultimately leading to further radicalization of already-existing far-right tendencies (see Ryan 2021, this volume). Capitalism will be likely to resort to increasingly authoritarian measures to preempt and suppress societal reactions (spontaneous or organized) to its unsolvable problems. Most states, equipped with mass surveillance technologies and “emergency” measures to rule for indefinite periods of time, are very likely to respond to societal reactions against global warming, economic woes, and lack of democracy by sending the last crumbs of political liberalism to the dustbin of history. New security concerns, legitimized through medicalized discourses (Elbe 2012), are likely to gain prominence within and among polities, leading to the rise of fascist or fascist-like regimes around the world. These new forms of governance will seek to vindicate capitalism by ever more aggressively individualizing, externalizing, and medicalizing the responsibility for capitalism’s failures. In the face of “careless” citizens who do not pay enough attention to social distancing instructions, as well as “invasive” immigrants who “steal” domestic jobs and bring in new pathogens (Ramsari 2021, this volume), civic universal ideas will be totally discarded to maintain the health of capitalism. Furthermore, one should not forget that this contemporary wave of fascism may “find itself better placed than historical fascism when trying to court the workers, the unemployed and the fearful lower-middle-class.” For, while in the 1920s and early 30s “the Nazis found the unemployed, who had turned en masse to the Communists, almost unapproachable; today, the situation has clearly changed” (Landa 2018). Therefore, unless a noncapitalist alternative is immediately built, one can expect that the coronavirus crisis will generate serious societal reactions to capitalism’s failures, which will in turn usher in a new era of authoritarian market fundamentalism.

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7

HETEROTOPIA IN MELANESIA

Reactions to COVID-19 in Papua New Guinea

David Troolin

Although many countries report severe impacts from COVID-19, the initial experiences of Papua New Guineans have been comparatively minor. Foucault's concept of heterotopia of space helps to analyze local people's reactions to COVID-19. Heterotopia is the notion that certain spaces are somehow set apart or distinct from, and often transform or invert aspects of, other spaces. It yields interesting questions, such as what spaces are heterotopic? why they are perceived as set apart? and what lends heterotopic spaces their distinctiveness? In this chapter, I argue that while people discuss spaces in ways that seem heterotopic, Foucault's notion needs to be reformulated to fit the Melanesian context in three important ways. Specifically, people I talked with thought of relationships as creating heterotopic spaces, these heterotopic spaces are not fixed in time since they can be created quickly as people become reconciled, and these spaces are relationally, not geographically, situated. I explore these ideas in this chapter by first noting some ways in which Papua New Guinean experiences of COVID-19 differ from those in other locations, then discussing Foucault's notion of heterotopia in relation to Papua New Guinean conceptualizations of protection and harm, and finally discussing aspects of heterotopia in a Melanesian context.

Differing experiences of COVID-19 around the world

The difference between COVID-19's effects in Papua New Guinea (PNG) and most other countries is vast. Though the news reports of the first confirmed COVID-19 cases in Wuhan, Hubei Province, China, emerged in December 2019, Papua New Guinea did not have a single case until March 13, when a fly-in fly-out (FIFO) Australian miner entered the country; his test result was confirmed a week later. Three months later, confirmed cases were still in the single digits; at the

time of writing, five months after the first confirmed case, that number increased to more than 270 (National Operations Center for COVID-19 2020a). Those who were infected have since recovered (Kari 2020). In contrast, there were over 21 million confirmed cases and more than 750,000 deaths attributed to COVID-19 worldwide in mid-August, and the numbers were climbing rapidly (World Health Organization 2020). In PNG, after several months of relatively low impact of the pandemic, many people have moved from being concerned to being ambivalent, though this perspective may evolve as confirmed cases continue to increase. Although the nature of people's feelings about their vulnerability to COVID-19 has changed, this chapter focuses on how people previously conceptualized the virus during the early stages, namely from March through May 2020.

People proffered a variety of explanations for why they felt they had been spared the tragedy and devastation that other countries have experienced. Some claimed that perhaps countries near the Equator were less affected or that maybe the people living there were naturally immune (Sukbat 2020). But many voices in the government and on social media contradicted this view, pointing to examples like Indonesia's infection rates. Powes Parkop, the governor of the National Capital District, spoke out against natural immunity and cautioned people to take adequate precautions to protect themselves from the pandemic (Sukbat 2020). Others questioned the validity of the testing procedures, claimed the test equipment was faulty, or thought not enough people had been tested (Kabuni 2020). They highlighted that multiple tests on the same patient returned varying results (Kabuni 2020). There was widespread interest in a news report that indicated that residents in the Sialum area, Morobe Province, had COVID-19; however, medical testing results were negative (Post Courier 2020c). East Sepik's Governor Bird suggested that the testing he ordered to be done in the Sepik region revealed that COVID-19 may have already spread through that population (Post Courier 2020e; McClure 2020).

Regardless of which theory one chooses to attempt to explain how COVID-19 has impacted Papua New Guinea, social media posts and my acquaintances voiced the most noticeable conclusion: Something or someone was limiting the pandemic's effect. Within these narratives of hopes and fears concerning the virus in Papua New Guinea, people kept questioning why Papua New Guinea was mysteriously protected from COVID-19 in a way that other nations have not been.

From my long-term interactions with people in Madang and Eastern Highlands Provinces, these explanations seem to be based on a variety of local and global beliefs. One explanation was that God has been protecting this country because he loves the people there; he knows they are extremely vulnerable due to shortages of medicine and equipment (Minnegal and Dwyer 2020). This type of Christian discourse is familiar in Papua New Guinea. Christian missionaries first set foot in the country more than a century ago and, since then, various Christian denominations have entered and become integrated into daily life for many people.

I heard Christian-based narratives from diverse geographical locations. When I called a man in the Raicoast area of Madang Province, he said, "We need to

pray that God will look out for us. He is our fence and will keep us from being harmed.” A Papua New Guinean colleague told me that God brought about a particularly heavy rainy season in the Eastern Highlands Province this year to block the airborne virus from floating here on winds from Australia and Indonesia. I met a group of people on the sidewalk waiting for a public motor vehicle in Kainantu, Eastern Highlands Province, on the day the state of emergency was announced (March 23). While discussing the government’s decision, one woman told me, “Our belief in God will save us. The Big Man knows what we are going through. Our hospitals do not have many medicines and they are in a low state, but our belief in God will protect us.” Others agreed with her.

The people speaking with me felt the impact of unequal access to health care; they felt vulnerable because they lacked the equipment to defend themselves, unlike other nations (Ryan 2021a, this volume; Parsons 2021, this volume; Nanda 2021, this volume). However, in their understanding of how this crisis fit within God’s plan, their inequality in equipment would be more than made up for in their faith in God (Turner 2021, this volume).

Prime Minister Marape and others repeatedly stated their belief that God was protecting Papua New Guinea, alongside exhortations to be cautious (National Operations Center for COVID-19 2020b; Post Courier 2020d; Marape 2020; Minnegal and Dwyer 2020). Though seeming to employ policies and understandings of the pandemic that approximated the McDonaldization thesis (Ritzer 2021, this volume), politicians and other leaders mirrored the common belief in God’s active protection.

Heterotopia and protection in Melanesia

Foucault’s notion of heterotopia addresses a key aspect of experiences of COVID-19 in Papua New Guinea: why some spaces are experientially and conceptually different from others. As he explains, some “emplacements are certain ones that have the curious property of being connected to all the other emplacements, but in such a way that they suspend, neutralize, or reverse the set of relations that are designated, reflected, or represented by them” (Foucault 1998, 178). Foucault was interested in those spaces that, though near to other spaces, exhibit different aspects, qualities, or aesthetics. He argues that an aspect of the episteme in which he lived was not localization or extension, like in previous times, but emplacement; places were felt to be connected to each other in, as he notes, “relations of proximity between points or elements. In formal terms these can be described as series, trees, lattices” (Foucault 1998, 176). For Foucault, place in connection with other places is important. That is, people experience and derive meaning from places differently, and they think of place in relation to other places.

Foucault defines heterotopia as spaces that people in likely every culture feel are set apart, distinct from the spaces they usually inhabit. He explains,

There are also, and probably in every culture, in every civilization, real places, actual places, places that are designed into the very institution of society,

which are sorts of actually realized utopias in which the real emplacements, all the other real emplacements that can be found within the culture are, at the same time, represented, contested, and reversed, sorts of places that are outside all places, although they are actually localizable.

(Foucault 1998, 178)

Heterotopia can manifest as heterotopia of crisis or deviation. Foucault explains that heterotopia of crisis is “privileged or sacred or forbidden places reserved for individuals who are in a state of crisis with respect to society and the human milieu in which they live” (Foucault 1998, 179). Hetherington calls it a “liminal space,” a “site of marginality” (Hetherington 1997, 41). For Foucault, crisis heterotopias are places like military schools and honeymoon hotels, where the visitors to them are in transition (Foucault 1998, 179–80). On the other hand, heterotopias of deviation are places where people who display behavior that deviates from the expected, from societal norms, are placed. Some examples of these are psychiatric hospitals, prisons, and nursing homes (Foucault 1998, 180).

Later, I discuss two crisis examples of heterotopia. The first explores how COVID-19’s manifestation in Papua New Guinea was fundamentally different from that in other countries. The evidence was overwhelmingly expressed in the numbers of confirmed cases and lack of rapid infection rates. Comparison was inevitable, as local people, relatively uncontaminated by the virus, observed what was happening to people in Indonesia, Italy, and the United States. As the numbers of people infected and then dying continued to rise outside PNG’s borders, it seemed that PNG was, for whatever reason, set apart, encased in a protective bubble (for a similar analogy used in New Zealand, see Trnka and Davies 2021, this volume).

One could hear the feeling that PNG is in a different space, and puzzlement over why, in Prime Minister James Marape’s media release (see also Kari 2020):

Scientifically, one infected person was to infect several others, and therefore when the first case was reported in Lae stringent measures were taken to ensure all his 16 contacts were traced and tested but they all tested negative. Today, we are trying to map out where it came from. There are faint correlations, but there remains a mystery as to where she [the second victim] got COVID-19 from.

(National Operations Center for COVID-19 2020b)

Prime Minister Marape attributed this mysterious protection to God’s power and thanked fellow Christians for being faithful and petitioning God. As he stated in a media release,

I saw the hand of God in all these eight cases, hence I can’t claim credit for this. Let me thank all pastors, all church faithfuls, who fasted and prayed for PNG not to be ravaged by the devastation coronavirus can cause as it is causing in many established countries globally.

(National Operations Center for COVID-19 2020b)

Importantly, he seemed to say that God approved of the petitions of the pastors and faithful church attendees because of their reconciled relationship with Him.

The second example of crisis heterotopia emerged on March 23 when a woman arrived at Nonga Base Hospital, in East New Britain Province, with symptoms consistent with COVID-19. After testing, she was declared positive for the virus on April 6 (EMTV Online 2020). Government leaders promptly urged the public to stay calm while the government followed their procedures (EMTV Online 2020; Marape 2020). Medical teams instituted contact tracing and acted swiftly to isolate anyone who could have been infected. They quarantined six villages in the Raluana Local Level Government (LLG) area (Post Courier 2020b). In addition, Prime Minister Marape took pains to ask people not to try to take matters into their own hands, referring to her as family, as *susa* (“sister” TP) (Marape 2020).¹ In a news conference announcing another case, Deputy SOE controller and acting Health Secretary Dr. Paison Dakulala referred to caring for “our brother and sister,” meaning the patient (Post Courier 2020a). When the government leaders quickly put out notices that people should stay calm and respond to the infected East New Britain woman as *susa* (“sister” TP), it reinforced that they were united and in harmony with her. The messaging the government used was a vital way to maintain peace and calm (Hukula, Forsyth, and Gibbs 2020; Radio New Zealand 2020).

Both of the previous examples illustrate heterotopia, since both encompass regions which seem to be distinct, “reversed, sorts of places that are outside all places” (Foucault 1998, 178). In the first, the region within PNG is distinct from the region outside it. In the second, the region within Raluana LLG is distinct from the region outside it.

Aspects of heterotopia in a Melanesian context

As I have observed in fieldwork in Papua New Guinea, Foucault’s theory of heterotopia does not fully account for the ways Melanesians conceptualize the creation of heterotopic spaces in a relational society. Foucault himself allowed for the possibility that while different people around the world experienced heterotopia, it would manifest differently across cultures. He posited that people everywhere established heterotopias, though characterized differently in different contexts, “tak[ing] forms that are very diverse” (Foucault 1998, 179).

In Papua New Guinea, many (though not all) people work to influence their situation through relationships. Relationality is not a new topic in Melanesia – it has been explored in depth ever since Malinowski’s discussion of the *Kula* network in the Trobriand Islands (Malinowski 1972 [1922], 62–79). Indeed, relationality and personhood have been core discussions in Melanesian anthropology (Strathern 1988, 13; Battaglia 1990; Leenhardt 1979 [1947]; Hemer 2013, 35; Mosko 2013; Rumsey 2000).

Similarly, while conducting fieldwork among the Sam people,² I observed that discussions about relationships centered on the notion of *wanbel* (“unity, amity,

reconciliation” TP), and discussions about *wanbel* were woven throughout communal life as they navigated conflict and pursued peace together. *Wanbel* is a preferred way to interact with others for many (but not all) people in Papua New Guinea. *Wanbel* is both a process of repairing previously existing relationships or creating new ones as well as describing a community’s state of relationality. The Sam people have specific ways that they navigate conflict, and *wanbel* provides a theory for agency that is based on notions of personhood and relationality and allows for reflection, dialogue, and reflexivity within the conflict resolution process (Troolin 2018; Lawrence 1964; Brison 1991, 1992).

While the *wanbel* process entails certain behaviors, it also carries an aspect of performativity (Brison 1991; Leavitt 2001; Troolin 2018). For the Sam people, being united and in a good relationship with others is an important, even crucial, aspect to survival as a united community (Troolin 2018, 2020). For the Sam, if people are *wanbel* this ensures that they will stay within the protection of powerful agentive beings, such as the ancestors and/or God. The state of being *wanbel* and the process of becoming *wanbel* takes place among individuals and within groups and allows people a way to reconcile broken relationships between people which, in turn, is the only way to obtain *gutpela sindaun* (“well-being” TP) (Troolin 2018, 6).

When people are *wanbel*, this can change circumstances for the better, regardless of whether people are near or far from each other or the severity of the situation. One night in Buan Village, I was sitting down to eat supper when a friend knocked on the door. Although the Aid Post Orderly was away at that time, my friend, who had had some medical training, told me that a woman was having difficulty delivering the baby, was bleeding heavily, and was in severe pain. He asked if I could take her down the rough dirt road and through several rivers to the Ileg Health Centre, a drive of 1.5 hours. I quickly agreed and we drove to the woman’s house, where we found her lying on a bed inside the house; her blood was dripping through the house floor onto the dirt below. We carefully helped her into my vehicle and, accompanied by her relatives and my friend, started driving down the hill towards Ileg. At the same time, I noticed two young men start running up the trail leading towards Wongbe Village. I asked where they were going, and my friend said they were running to find the woman’s uncle to ask him to be *wanbel* with her.³ Later I found out that he had been upset at this woman’s decision to marry a man of whom her uncle did not approve. Though her uncle said he did not show his disappointment with her, the lack of *wanbel* spread to her body, creating the conditions for a *mundor hali* (“harmful spirit” Sam) to affect her while giving birth. When the two young men told the uncle of her distress, he became *wanbel* with her again, and this allowed her to give birth normally and both mother and baby survived. The Sam people told me about other experiences like this one. A similar experience involved a father who said he was not *wanbel* with his son, which, according to the son who was telling me the story, made him feel like he had to leave the village. He left and found work on Karkar Island, about 100 kilometers away. Later, his father

missed his son and wanted him to return, so he and his *malanggu* (“extended family, similar to clan” Sam) held a *wanbel* feast, voicing out loud their *wanbel* with the man who had left and started walking toward Madang Town. At that same time, this man told me he felt compelled to resign and begin making his way back to the village. The two of them met on the road and returned to Buan together.

The Sam people I lived with pursued *wanbel* with a variety of beings: living people, deceased ancestors (who are still active and aware community members), spirits abiding in nature (like rivers, grasslands, rainforest, and boulders), and God. Many people living in Papua New Guinea feel that protection or harm does not happen accidentally; any occurrence, positive or negative, is caused by someone, be that living people, ancestors, nature, or God (Troolin 2018; Brison 1991; Lawrence 1964). People cultivated *wanbel* with these beings so that they would bring good fortune and avert misfortune.

When the reactions of people in the earlier two examples of heterotopia are analyzed through the lens of *wanbel*, there are three areas which Foucault’s formulation of heterotopia does not address. First, there were indications that people who desired to be *wanbel* expected that this stance would generate good results. For example, Prime Minister Marape’s statement, noted previously, could be seen as referring to the *wanbel* between God and His faithful people in PNG. Their *wanbel* with God was the basis upon which he and other Christians could ask God for aid and know that God would not only hear them, but also grant their request. They needed to not just profess to be Christians, but act in a way that was consistent with that self-identification. Importantly, his statement expressed the understanding that *wanbel* is maintained not only by saying how one feels, but also by acting in line with what one says. The proof that one is truly *wanbel* with someone is when they act to help them (Troolin 2018, 148ff). For example, local villages and government officials around the Raluana LLG began sending food to the affected villages to relieve the inevitable food shortages from being unable to travel to gardens and stores (Post Courier 2020b; Gware 2020). They exemplified a societal reaction to trauma or “trauma stewardship” (Buzolits et al. 2021, this volume). In alleviating the shortages of food, those donating the supplies were showing their support and unity, their *wanbel*, with the people in that crisis heterotopia.

Another example of trauma stewardship by promoting unity and *wanbel* can be seen in a nationwide relief initiative started by Prime Minister Marape called “*Helpim Wantok*” (“Help Speakers of the Same Language” TP). The Prime Minister took the extraordinary step of committing half of his salary to this initiative (Loop PNG 2020). He stated why he did this in a news conference saying,

Our people in ENBP [East New Britain Province] have shown the way in helping with food to those villages that were directed to be locked down and be isolated. Our Melanesian Christian character of helping those in need is called upon now at individual level while Government to will do our best to fight and assist.

(Loop PNG 2020)

Relief efforts from both East New Britain people and the *Helpim Wantok* initiative demonstrated that people wanted to show their unity and care for those who were struggling.

A second way that heterotopia was out of step with Melanesian values concerned the role of relationality in transforming dangerous situations into safe ones. The East New Britain case illustrated people in a vulnerable state; a situation that Foucault called a crisis heterotopia. The infected woman and the residents of the six villages of the Raluana LLG were in a state of crisis because they were possibly infected and infectious, and thus a danger to other people. Accusations of sorcery and suspicions of being infected are frequent causes of violence in Papua New Guinea (Zocca 2009; Forsyth and Eves 2015; Schwoerer 2017; Kuman 2011; Troolin 2018, 92). Sorcery's impact extends beyond the victim to also include those accused of harming them (Auka, Gore, and Koralyo 2015; Forsyth and Eves 2015; Gibbs 2015; Onagi 2015). There was the real possibility for violence; either the infected woman's relatives could attribute her illness to sorcery and try to track down and hurt the suspected sorcerer, or nonrelatives may fear catching COVID-19 and could ostracize or isolate her (Hukula, Forsyth, and Gibbs 2020). However, through the words and gifts of food, people who were not infected showed that they were *wanbel* with those in the quarantined area. Besides the practical benefit of food, the *wanbel* that the gifts embodied showed the people in quarantine that they were *wanbel*, which implied access to supranatural power. Thus, the way people responded to the crisis had a transformative effect, altering the heterotopia of crisis to an area of protection, and in doing so, the safety felt by those outside was brought inside.

Third, heterotopia in the examples I have related indicate a space that is conceptualized differently than that envisioned by Foucault. In Foucault's definition, crisis heterotopia was a distinct physical location, i.e., a military school or honeymoon hotel. However, I suggest, based on examples of *wanbel* as experienced among the Sam people, that the crisis heterotopia that was evident in East New Britain, while evident within a bounded, geographical location, did not refer to a geographical location but was relationally defined. Those infected did indeed live in a certain location, but their safety or harm, they believe, depended on the state of their relationships with others. Thus, I argue that a theory of heterotopia in PNG is anchored in notions of personhood and relationality. The "safe place" is not extended within a bounded, physical space but covers a "safe group of people," those who are networked together and characterized by being *wanbel*.

Conclusion

Foucault's formulation of heterotopia is useful in analyzing conceptualizations of COVID-19 in PNG, but it must be amended to fit within a Melanesian context. As Astorino and Ryan argue, this pandemic sits where natural and cultural realities intersect (Ryan 2021c, this volume; Astorino and Nicola 2021, this volume). To flesh out how COVID-19 has become rooted in the local, this chapter explores

two examples of heterotopic space (the country's relatively low impact from the pandemic and the East New Britain Province reactions to finding a positive case of COVID-19). Both examples were situations in which people felt their space was somehow set apart from that experienced by those elsewhere. The first illustrated that people attributed their mysterious shielding from COVID-19's expected impact to being and becoming *wanbel*. The second example showed that people responded to a crisis by bringing support and aid to those in the crisis heterotopia to strengthen *wanbel* with those inside the quarantined area.

Thus, while heterotopia conforms to the sense of suspension of time and space that Papua New Guineans expressed, Foucault's examples do not fit neatly into a Melanesian context without some alteration. First, I argue that people in PNG think of heterotopic spaces characterized by protection or harm in relational terms – it is through *wanbel* that they bring about good results and avoid misfortune. Second, heterotopias are not static and timeless, but they can be transformed quickly in cases of crisis because of the Melanesian value of *wanbel*. Finally, heterotopia does not delimit a geographical area as much as sets of relational ties and social networks. Melanesian ideas surrounding relationships provide a structure by which many Papua New Guineans conceptualize and theorize protection and harm in this syndemic.

COVID-19 is not simply a global phenomenon – it is understood and managed through local forces in local contexts. As suggested by Ryan, the COVID-19 pandemic is more properly understood as a syndemic, that is, as a crisis placed within multiple, and often overlapping, social, historical, geographical, and cultural influences and contexts (Ryan 2021b, this volume).

Notes

- 1 In this chapter, I use “TP” to mark words in Tok Pisin, a trade language of Papua New Guinea, and “Sam” for words in the Sam language spoken in Madang Province (ISO code SNX).
- 2 The Sam people live in three villages in the foothills of the Finnesterre Range, Madang Province. They number approximately 1,200 and speak a language they call Sam (“speech, talk” Sam).
- 3 The Sam call their birth father and father's brothers the same term, “*ala*”. Some months later, the woman's birth father told me that it was he, not the woman's uncle, who disagreed with her choice of partner.

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8

THE BLESSINGS OF COVID-19 FOR NEOLIBERALISM, NATIONALISM, AND NEOCONSERVATIVE IDEOLOGIES

J. Michael Ryan

While the human population of the planet descended into chaos amidst the panic induced by the COVID-19 pandemic, the triple entities of neoliberalism, nationalism, and the broader umbrella of neoconservative ideologies eventually rejoiced. Despite markets taking an initial “dip” (in reality most just returning to pre-Trump-era levels), they have since recovered, and the usual millionaire-class vultures who make their fortunes on the distress of others have been able to reap trillions in profit – both through market speculation as well as through taxpayer-funded government bailouts. As one example, while the United States government allotted a relatively paltry \$300B to individual human beings in one-time cash benefits, more than \$1.5 trillion was allotted to profit-seeking businesses and government entities. Even more egregiously, the language used to describe the funds allotted to small businesses (most of which are not, in fact, “small”) was that of “payroll protection,” while the language used to describe the remaining trillion plus that went to massive global corporations was that of “bailout.” Semantics were not the only thing of critical importance in that distinction, however, as small businesses were expected to use their funds to maintain “essential operations” while corporations were free to engage in their usual freewheeling, self-serving spending to enhance their own bottom lines. The fact that oversight of “bailout” spending was a contentious political issue is not accidental. To invoke the fears of Polanyi, the market must be saved at all costs, even that of human life.

Economics do not operate in a vacuum, however, and so the political stance of extreme nationalism and the moralistic principles of neoconservative ideologies have also enjoyed a windfall during the pandemic era. Countries have locked down borders and villainized noncitizen residents, foreigners, other countries, and regional and global entities. These unsupported attacks have found increasing support even as governments have lobbied for a continued free global flow of medical

supplies, largely from the poorer countries that manufacture such products to the richer countries who consume them.

The mission to find a “not me” source of blame for the current pandemic has also intensified as neoconservative leaders have sought to tighten their grip on power. With an increasingly manufactured supply of someone to blame, such ideologies have found growing support among a fear-stricken population trying to make sense of such sudden global chaos. Rather than bringing humanity together, COVID-19 seems to be tearing humanity further apart.

This chapter will examine the ways in which neoliberalism, nationalism, and neoconservative ideologies have all enjoyed a newfound resurgence, even while death tolls, unemployment numbers, and indicators of social and psychological distress have all surged to levels unknown in nearly a century. I will begin by discussing the ways in which this triple threat (a term I will use to collectively to refer to the issues under discussion) are linked by a common theme of construction of an “other” and a general promotion of inequality. I will then turn to a general discussion of each aspect – neoliberalism, nationalism, neoconservative ideologies – in turn, highlighting the ways in which each has benefited from the current global pandemic. I purposefully chose the term “blessing” because, as I will argue, each of these has received an unprecedented level of support during the crisis. And where there might be minor crises experienced by each one, those will, I argue, only ultimately serve to make them stronger. I will conclude with some final reflections and a genuine hope that all of my arguments might be wrong.

Finding a common thread: constructing the “other” and promoting inequality

The relationship between neoliberalism, nationalism, and neoconservative ideologies is strong. A simple search on the internet of “neoconservative ideologies and COVID” returns almost exclusively articles related to neoliberalism while those related to nationalism and COVID nearly all discuss the promotion of a neoliberal agenda. While each has a slightly different focus – the economy (neoliberalism), politics (nationalism), and/or ideology (neoconservatism) – all are tightly intertwined and rely each on the others for their promotion and success. In particular relation to the current pandemic, I also want to highlight two other factors that tie this triple threat together – the construction of an “other” and the promotion of inequality.

The triple threat relies on some sort of arbitrarily constructed other in order to survive. Neoliberalism requires an army of workers to generate profits for a minority of elites. Nationalism requires people who are not nationals. And neoconservatism requires a “minority” group who can be painted simultaneously as scapegoat as well as threat to traditional values. As will be discussed later, the COVID-19 pandemic has generated a plethora of opportunities for constructing

an other against which citizens, ideologues, and macro-level social systems can “defend” themselves.

It is a short step from the construction of an other to the promotion of inequality (see Nanda 2021, this volume, for more on inequality as it relates to COVID-19). When the Dow Jones Industrial Average took an unprecedented freefall in late February and early March of 2020, the event made, and stayed, in headlines as a sign that “we” were all doomed. When it made an unprecedented recovery in the following weeks, news of the market receded from the spotlight, as did the fact that the billionaire class increased their wealth by nearly 15% in the following two months (and even more since then). Meanwhile, the economic misery of most people continued growing. Following an age-old tradition of neoliberal economics, the problems of the rich are presented as perils for all of us while their gains, and our miseries, are seen as something individually earned. Personal problems become public issues only when those problems are those of the rich. As it turns out, there is no “we” when the news is good.

While nearly 40 million people in the United States of America were/are currently unemployed and looking for work, Jeff Bezos, already the world’s richest man, is busy figuring out how to spend the more than \$75 billion he added to his account (an amount greater than the 2019 GDP of more than 70 countries) just in the first six months of the pandemic. While conservative members of the United States Congress were arguing that \$600 a week is too much for additional unemployment assistance, top executives at Moderna dumped \$30 million in stock made after announcing a successful vaccine trial. And, never to be left out, Elon Musk has seen his net worth quadruple, to just over \$100 billion, during the first six months of the pandemic.

Nationalism is also arguably always about the promotion of inequality, though COVID-19 has presented even more opportunities to do so. The higher rates of infection among immigrants, migrants, and asylum seekers have been well documented in countries around the world (Kluge et al. 2020). There are many reasons for such higher rates, but one of them is that members of these categories of political identity have been denied access to health care, or at least the same level of health care as those with citizenship were able to enjoy. As borders have closed and the world went into the greatest simultaneous lockdown in recorded history, citizenship took on new meanings. A growing cacophony of globalization theorists have long argued that citizenship has now become the greatest predictor on an individual level of one’s standing in relation to global inequality (Korzeniewicz and Moran 2009). Those who have it have rights and opportunities, those who do not have it, do not.

Neoconservative ideologies also, almost by definition, rely on the presence of an other, and usually one deemed unworthy of equal treatment. Minorities, “liberals,” foreigners, and a host of other categories are deemed as threats to traditional ways of life and, as such, are seen as unworthy of equal treatment. COVID-19 has created a new category of “infected” against which people have come to define

themselves, particularly when that health status is coupled with another minority identity. Rather than being seen as fellow human beings, those infected are now seen as “vectors,” “conspirators,” and “subhumans” threatening to disrupt the puritan lives and livelihoods of the still healthy.

Neoliberalism

Neoliberalism is simultaneously an economic, political, and moral approach to the understanding, development, and enactment of social and economic policies. As an economic approach, it favors deregulating businesses, the widespread privatization of public industries and services, an emphasis on the free movement of capital, and a defunding of the Keynesian welfare state. As a political approach, it glorifies the bootstrap mentality to economic success, a heavy emphasis on rugged individualism, and a general retraction of the state from affairs of the market. As a moral approach, it has generally emphasized profit over people (Chomsky 1999) and a greater concern with the market and economic indicators than with individual lives or well-being. Neoliberalism arguably reached its heyday during the 1980s under the leadership of Reagan, Thatcher, and the so-called Washington Consensus (a tacit ideological and policy-based agreement between the World Bank, the International Monetary Fund, and the US Treasury) but has continued in various forms through the contemporary period.

My argument that the current pandemic is actually a blessing for neoliberalism is premised on the idea that the kinds of “disruptions” being experienced by it are, in fact, only serving to strengthen it. It seems likely that after the pandemic is over, or at least until after we find a newly structured way to live with it, memories will fade. Governments of the future are likely to then turn to their ballooned debt burdens (the majority of which, it bears repeating, went to big business) as reasons to hack away at social spending. As Condon (2020) notes,

For neoliberalism itself the crisis also opens a future, however: for further structural reforms, for “temporary” extraordinary measures curtailing civil liberties, for profiteering from disaster, and, in this case, for culling an unproductive segment of the population in a literal conversion of dead labour to capital.

As this is arguably the greatest disruption to neoliberalism in at least a decade, it might also turn out to be its greatest blessing.

The dominance of neoliberal hegemony is rarely questioned, though sometimes tested. COVID-19 is now testing the resilience of neoliberal thought and practice, though it is not the first major global crisis to do so. In fact, after the financial crisis of 2008, a number of critics raced to argue that neoliberalism was on the decline, or at least in crisis, after the state had rushed in to prop up the economy (read: private corporations) and new market regulations were (re-)introduced in a number

of countries (Hobsbawm 2009; Hutton 2008; Rudd 2009; Torbat 2008). Such declarations were short-lived, however, as others began to more aptly argue that the core of neoliberal thought and policy had been left very much intact and perhaps even strengthened (Cahill 2011; Crouch 2011; Patomaki 2009).

As has been made clear with large-scale government bailouts in a number of countries, government intervention has come to be the norm of the day. At first glance then, it might appear as though neoliberalism has come under threat with current governmental and societal responses to COVID-19, especially as “it is axiomatic in neoliberalism that government solutions are inferior to market solutions” (Gamble, in Ritzer and Ryan 2011, 419). In fact, many have taken just this perspective and in a move reminiscent of analysis of the post-2008 crisis are arguing that neoliberalism has again found itself in crisis (Condon 2020; Fazi 2020; Jones 2020). That said, there is a strong argument to be made that these “interventions,” and temporary aberrations to core neoliberal ideologies, have all arguably been done to preserve, if not further, the interests of neoliberalist principles. As Saad-Filho (2020) has noted, “at the hour of economic need, state intervention is questioned only for what it has not yet done.”

Arguments that neoliberalism is in crisis based on the massive intervention of the state miss the critical point, as Fazi (2020) puts it, that “In any case, neoliberalism has always used government intervention when convenient: to police the working classes; prop up the financial system; bail-out large firms that would otherwise go bankrupt; and open up markets abroad (including through military intervention).” Indeed, neoliberalism only encourages the state to refrain from market intervention, *unless such intervention is necessary to maintain, promote, or expand the market*. And that is exactly what we have witnessed with the trillions of dollars being spent on economic recovery around the world, by which most states have given the lion’s share to corporations and a relative pittance direct to human populations. As one example, the United States’ CARES Act provided for roughly \$300 billion in one-time cash payments to individual citizens but allotted over \$1.5 trillion to businesses and government entities. Big businesses were bailed out, small businesses were largely left to wither, and living people were left to starve. Some might even argue that the real rationale behind giving even the most insufficient assistance to individuals was to silence the population to respond to the disproportionate amount (of individual tax dollars and future debt burden) that was being handed to profit-making entities. Following a central adage of neoliberal practice – markets first, people later.

As Isaković (2020) has argued,

Neoliberalism, as an economic ideology of capitalism, has depleted our public services, turned our education and healthcare into profit-driven businesses, hoarded profits at the expense of undervalued and underpaid workers, favoured profitability of a militarised world over human security and well-being, and aggravated inequalities between people and countries.

In this sense, the current pandemic has also allowed neoliberalism to run its course. Many public services – including transportation, cultural centers, and judiciaries – have been halted. Many educational institutions have been shuttered. Healthcare industries, especially those related to pharmaceuticals, have seen massive transfers of public monies into their coffers (even countries promising “free” vaccines to their citizens are using taxpayer money to purchase those vaccines – at profit – from private corporations. Rather than be seen as a government “handout,” this is more rightly seen as a transfer of public monies to private accounts). Military budgets have continued unabated. And inequalities between peoples and countries have grown, and will no doubt continue to grow. Although it has taken the only-sometimes-shunned intervention of the state to accelerate these principles, the core of neoliberal values seems to be alive and well.

Another fundamental principle of neoliberalism is that profits must be saved over people (Chomsky 1999). Crouch (2011) has made similar arguments that neoliberalism is less about free markets and more about the domination of private corporations over public life. This has become a rather undeniable feature of government responses around the world. While numerical counts of confirmed infections and death tolls still run headlines like winning lottery numbers, conversations have largely shifted from discussions of saving lives to saving economies (not denying the link between the two). The market was assisted both through direct financial bailouts but also through the forced territorial (re)entrenchment of labor. The market ran free while humanity was in lockdown. And even the direct financial transfers that were made to individuals were arguably calculated minimums (or less) necessary to continue paying rent, buying goods, and maintaining a consumer economy.¹ Rather than pursue the oft-criticized approach of reducing corporate taxes, one thing many current responses have allowed is the direct transfer of taxpayer wealth into corporate coffers, and in such a way that many agreed it was a necessary action. Even when corporations have gone “bankrupt,” what that has meant in reality is a restructuring of debts and assets in a way that is far different from the consequences to individuals who have done so.

There are certainly those who will criticize the aforementioned arguments, citing instances of states who have made private industries public – for example, hospitals in Spain, railways in the UK, and airlines in Italy. And while those arguments are correct in citing a (likely temporary) return toward social welfare models and away from neoliberal ones, I argue that they miss the concentration of capital, and power, in the hands of other industries. For example, many tech companies have seen phenomenal levels of growth – Alphabet, Amazon, and Facebook all being notable examples – as more and more people have begun working from home, Zoom has become a global communications giant, and people have had to increasingly rely on tech-mediated forms of communication. And while technology is a privilege still limited to the relative global elite, as we consider the post-COVID world, perhaps it is not to social services and material industries where we need to worry about neoliberal principles, but rather in the rapidly emerging dominance

of tech-mediated enterprises. So while critics have cited one current crisis of neo-liberalism as a questioning of outsourcing material manufacturing production, I would point to the salience of service and technology industries as locations where “outsourcing” is more related to profit shielding than to production.

I certainly hope that the previous dire arguments are all proven wrong with time, though that seems increasingly unlikely given the simultaneous ascendance of the other things being blessed by the pandemic – nationalism and neoconservative ideologies.

Nationalism

Nationalism is a complex concept that has enjoyed varied attention from social scientists. While definitions vary, most understandings of nationalism assume the nation-state as a primary, autonomous unit of social boundedness where issues of citizenship, immigration, social and civil rights, and a general sense of belonging are determined by membership within a grounded territorialized unit. The ongoing pandemic has brought its own renewed attention to, and challenges of, nationalism. In many ways, the pandemic has been a blessing both for those adhering to, promoting, and benefiting from nationalist ideologies as well as for those wishing to critique them. As Rizzo (in Ryan 2019) has noted, “The importance of understanding nationalism becomes apparent when it is at its worst, such as in times of crises or ethnic conflict which can result in racism, xenophobia, ethnic cleansing, civil war, or genocide” (200). It seems clear that we can now add “global pandemic” to that list.

It has been argued that nationalism was likely already on the rise before the current pandemic as illustrated by the election of nationalist leaders like US president Donald Trump, the Vote Leave Brexit campaigns, the Hindu nationalism of Narendra Modi in India, and the various policies promoted by Benjamin Netanyahu in Israel (Bieber 2020). Others, however, have examined the rise of nationalism directly as it relates to COVID-19 with mixed messages. Rachman (2020), for example, argues that “the nation-state is making a comeback, fuelled by this extraordinary crisis,” while Harari (2020) takes a less inevitable stand painting the picture as more one of “choice” between “nationalist isolation and global solidarity.”

One thing that most commentators would agree on is that there have been a number of leaders and political movements who have seized the current moment to grab more power. The most glaring case of this would be Hungarian Prime Minister Viktor Orbán who passed legislation allowing him and his government to rule by decree until the pandemic is over, and giving only them the authority to decide when it is over. A number of other countries – including Poland, Turkey, Russia, and Egypt – have also seized the opportunity to fine, detain, and imprison people accused of spreading misinformation, whether that information relates to the virus or not. It is also worth noting that Modi’s government in India has benefitted greatly from the lockdown, largely quelling the growing unrest against his

government's highly controversial, blatantly anti-Muslim citizenship acts. Perhaps most concerning to many is the dramatic rise in video surveillance to monitor movements and contact tracing to monitor social contacts. While there are sound epidemiological reasons for such measures, there is also little doubt that they are being used for purposes other than medical ones and even less doubt that they will continue unabated long after the virus ends. Surveillance society has gotten a big boost.

One of the reasons we might be witnessing such a rise in nationalism due to the pandemic is because of the unprecedented control states have (re)gained over citizenship and border controls. As borders have locked down, citizenship has taken on an increasingly territorialized identity (Ramsari 2021, this volume). Since early 2020, and still through to the time of writing, nearly all states around the globe have enacted some form of restrictions on who can get in, and get out, of their national borders. Horst Seehofer, German interior minister, even went so far as to say that the COVID-19 pandemic is no longer merely a health crisis, but "a question of national security," and while the cross-border flow of goods was still largely encouraged, the cross-border flow of people most certainly was not. It is also notable that what constituted "goods" came to be redefined as a number of countries – including Germany – began banning the export of medicines, personal protective equipment, ventilators, and other medical technologies outside of national boundaries. In an even more egregious instance, the Trump administration offered German biotech firm CureVac a "large sum of money" to move their firm to the United States (Beenhold and Sanger 2020) – not ironically the very event that prompted Minister Seehofer to then refer to the virus as a "question of national security."

The increase in border controls and intensified territorialization of citizenship have both fueled, and been fueled by, a sustained creation of the other, both as internal enemy and external threat.² In order for one to recognize the nation and who belongs within it, there must be a "not-my-nation" and a construction of those who are deemed not to belong. The construction of such an "other" has been achieved in numerous ways and against varying targets. For example, incidents of threats and violence against LGBT people spiked in South Korea after an outbreak there was traced to a gay nightclub (Thoreson 2020), Muslims in India have come under increasing scrutiny and attack as they have been labeled as vectors of the disease (Kazmin et al. 2020), and Hungary's Orbán mandated shutting down universities but not schools, saying "there are lots of foreigners there" and that "it's no coincidence that the virus first showed upon among Iranians" (France-Press 2020). Perhaps the most globally identifiable "other" has become Asians, from any national origin, a group that has witnessed dramatically increased levels of discrimination and violence in a number of countries. The violence against people of Asian descent, or at least those who appear as such, has been especially notable in the United States, spurred on by Trump's continued insistence to refer to the virus as the "Kung Flu" or "China virus," among other racially charged names (Chiang

2021). As an ironic side note, it should not be lost that there are reports indicating that 97% of the antibiotics in the USA come from China (Huang 2019).

The “other” as target can also be other national entities, supranational organizations, and global governance institutions. It bears repeating that Trump has been insistent on pushing for COVID-19 to be referred to as the “China virus” and has vehemently lashed out against China, blaming them for the current pandemic. Sadly, he is not alone in these accusations as leaders and media outlets from around the world have done the same. In many ways, China has become the idealized “other nation” upon which many have seen their own nationalism surge. There have also been questions about the inability of supranational organizations, most notably the European Union (EU), in terms of how they have handled the pandemic, and increasing concerns that the pandemic has only served to make the future of such organizations all the more fragile (Colborne and Hajdari 2020; Rankin 2020). In line with such critiques, EU countries have certainly seen an increase in retrenched nationalism, perhaps most famously when German Chancellor Angela Merkel stopped shipments of personal protective equipment bound for Austria and Switzerland (Dahinten and Wabl 2020).³ In another telling example of constructing the other as an organization, the United States has issued an official proclamation of withdrawal from the World Health Organization citing, in large part, their reluctance to blame China for the spread of the virus (Cohen et al. 2020).

There is little doubt that nationalism is on the rise, though questions remain as to what extent that rise will continue and at what point it might abate. As Vogel (2020) has noted,

If there is anything we can learn from history, then it's that extreme forms of nationalism are not a viable solution for humanity. This is a time where, around the world, we all need to grow closer and not further apart.

The real test of how far nationalism has overtaken any sense of a global community (assuming there ever was one) might come when a vaccine is eventually introduced (Kupferschmidt 2020). How will distribution be decided? For citizens of the country who first discovers it? For the world's most vulnerable populations? For the world's global elite? As Rachman (2020) wittily notes, “on a national level everybody disapproves of hoarders who grab every last roll of toilet paper and pint of milk off the supermarket shelves. But what happens when whole countries behave like that? We may be about to find out.”

Neoconservative ideologies

Neoconservatism is a political, philosophical, and many argue moral, standpoint that favors individualism, free markets, and hawkish international interventions. Neoconservatism is also commonly associated with high levels of religiosity,

xenophobia, homophobia, Islamophobia, and sexism. There is also a general view of multiculturalism as a destructive force. On an economic level, neoconservatives, or neocons as they are sometimes referred to, favor the free market and a general scaling back (though not total elimination) of the welfare state. Contemporary neocons in power include Trump in the USA, Jair Bolsonaro in Brazil, Orbán in Hungary, and Andrzej Duda in Poland, among others.

Arguably, the two foundational principles at the core of neoconservatism are neoliberalism and nationalism. To a large extent, all of the arguments cited earlier could be repeated here – an emphasis on profit over people, a return to strictly homogenous understandings of territorialized citizenship, scapegoating minorities and “the other,” among others. In addition to those arguments, I would also like to highlight two additional blessings of the pandemic to neoconservative ideologies – the use of such positions to attempt to elicit political gain, and a placement of blame on an increasingly multicultural world.

Few global leaders have taken more advantage of the pandemic to attempt to appeal to their voter base than has Donald Trump. The full range of atrocities, absurdities, and morally reprehensible acts taken by the Trump administration during this pandemic are beyond the purview of this chapter, but several are worth highlighting, if only as exemplars of a failing administration attempting to woo a base of political support. Trump has frequently blamed the spread of the virus and the breakdown of the US economy on oppositional governors, Democrats who he claimed had exaggerated the virus to cripple his re-election chances, the previous Obama administration, the World Health Organization, and, most notably and most vehemently, China. It seemed everyone and everything was to blame except the Trump administration, and least of all Trump himself. In fact, it was only after polls across the political spectrum showed a marked decline in support for the president’s response to the pandemic that he began to wear a mask (more than six months into the pandemic) and made the full switch of even calling it “patriotic” to do so. Few have doubted that Trump, and his administration, have been guided more by polls and re-election chances than by science. Mid-August 2020 polls indicate that Trump’s tactics of blame have largely failed.

While Trump’s tactics have certainly riled up his base, they have not found him a wider base of support. Unfortunately, Trump is not alone in this category of world leaders who have seized the opportunity to invoke neoconservative ideologies in attempts to fan their political base, and others have been more successful in doing so. Bolsonaro has similarly openly flouted the seriousness of the virus, famously referring to it as nothing more than “a little flu” and even failing to take the pandemic, or the science of it, seriously after both he and his wife contracted the virus themselves. Similarly, Orbán in Hungary has used the pandemic to rile up his base in order to pass even more of his increasingly conservative agenda. And, in Poland, Duda narrowly won re-election after resorting to such tactics as calling the LGBT rights movement an ideology worse than communism and claiming his opponent would sell out Polish families to Jewish interests.

Another dimension of neoconservative ideology that has become particularly prevalent under the pandemic is the search for someone to blame. In fact, at various points it has seemed that many have been more interested in finding whom to blame than finding how to cure. This is a sound political tactic as it shifts focus to an “other” – LGBT folks, Muslims, foreigners, China – and seeks an unachievable retroactive solution to an unfounded cause (China is not entirely responsible for the spread of the global pandemic) rather than a yet-to-be-achieved solution to an unacknowledged cause (poor leadership, lack of preemptive action, etc.). In a noteworthy example of this, a lawyer in Egypt is seeking to file a \$10 trillion claim against China due to the damages caused by COVID-19 in his country (El-Shamaa 2020).⁴

Concluding thoughts

Much like the human body that survives the crisis of a virus and subsequently becomes, at least temporarily, immune, if neoliberalism, nationalism, and neoconservative ideologies survive this pandemic crisis, they also have the potential to become immune to critique and, quite fearfully, perhaps even stronger. All signs point to a resurgence of this triple threat building off the spread of a medical pandemic, even while they have arguably become economic, political, and ideological pandemics all their own.

As Bonfert et al. (2020) have noted,

Whether we will see neoliberal hegemony shaken in earnest after the Covid-19 Crisis depends largely on whether successful resistance can be mounted in order to oppose those who will seek a “re-setting” of neoliberalism once the immediate crisis is over. The form, and degree, of neoliberalisation that we experience will likely reflect the extent to which social groups in civil society are able to mount successful opposition.

Indeed, these authors are correct. The inevitability of my previous arguments are far from certain, and whether or not we enter a post-COVID world with increasing concerns of “the other” and self-justified excuses of increased inequality will depend on the actions we take in the coming moments. It has often been quipped that what it will take to unite humanity is a common external threat. Well, now we have it. Will we unite? Or will we tear further apart?

As reluctant as I am to confess any sense of optimism, there are some telling signs that all might not (yet) be lost. There does seem to be some increasing awareness of global interconnectedness, no doubt boosted by a preexisting growing concern over humanity-facing issues such as global warming and nuclear war. Examples include Nourhene Mahmoudi’s Outbreak of Generosity campaign which aims to mobilize youth to help vulnerable communities across Europe, Swedish activist Greta Thunberg donating more than \$100,000 of her Gulbenkian Prize

for Humanity award monies to help fight environmental destruction and protect Indigenous populations living in the Brazilian Amazon against COVID-19, the growing number of community cooperatives working feverishly to sew masks for frontline workers and the general population (see Mello 2021), and, if nothing else, an increased attention to the goings-on in parts of the world that are not our own.

Acclaimed author Noah Yuval Harari (2020) has pseudo-optimistically mused on the future by noting that we do still have choices, and that, “If we choose global solidarity, it will be a victory not only against the coronavirus, but against all future epidemics and crises that might assail humankind in the 21st century”. The current situation is indeed presenting an “us” vs. “them” scenario. But it is also presenting humanity (and by “humanity” here I mean a combination of both “us” and “them”) with an opportunity to do something. One option is to sit back and continue to let “them” take advantage of a global pandemic to increase “their” profits, power, and discriminatory ideologies. Another is to encourage, nay demand, that our fellow citizens, political leaders, and global institutions enforce an honest version of “we.” The first choice leads to a world of even greater othering and inequality. The second leads us to a world where a global humanity comes together as a larger community and begins to measure its successes by the well-being of the worst off among us. So far we have largely made the wrong choice. It isn’t too late to make the right one.

Notes

- 1 It is worth noting here that in the United States, the government agreed to a temporary \$600 a week pandemic unemployment benefit. That amounts to roughly \$15 an hour, something many conservatives had previously argued was an “unsustainable” and “unnecessarily” high wage.
- 2 Portugal stands out as a noteworthy exception to this trend. In March 2020, they granted all migrants and asylum seekers full temporary citizenship rights so that they could access healthcare services amidst the pandemic.
- 3 It is worth noting that when Italy became the first European hotspot of infection, it was China, not fellow EU members, who was the first to respond sending medical supplies (Makichuk 2020).
- 4 Similar claims that China should provide financial compensation have also been made in the UK, USA, and a number of other countries.

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9

THE RISE OF THE COVID-19 PANDEMIC AND THE DECLINE OF GLOBAL CITIZENSHIP

Atefeh Ramsari

Inclusive tendencies in citizenship, which have been on the ascent during the past few decades, are currently on the decline due to the restrictions imposed in the context of the COVID-19 pandemic. Hence, the exclusionary side of citizenship is coming to the foreground more than ever. Since the outbreak of COVID-19, the extensive system of border controls has been reinforced and extended to territorial borders. According to the International Air Transport Association (IATA 2020) by March 12, 2020, 102 countries across the world had imposed restrictions on entry, whereby only citizens had the right to enter their home countries. These border restrictions concern not only first-entry migrants¹ but also those who have already obtained a residence permit. For example, students and skilled workers have been refused entry because they are identified as noncitizens. The states' efforts have not been limited to borders; restrictive measures have also been adopted within societies, through the allocation of resources exclusively to full legal members. Thousands of migrant workers and working students have had to leave their host countries in Europe or North America upon losing their job because, unlike citizens, they are not entitled to unemployment benefits. In several Asian, South American, and Gulf countries, as well as in Iran, migrant workers, unregistered workers, and even refugees face difficulties in access to health care and cannot benefit from social and public services if they become infected with the novel coronavirus. A significant number of states have not guaranteed continued access to work and an adequate standard of living for multiple groups of migrants, particularly undocumented migrants, those holding temporary work permits, and asylum seekers. Many migrant workers have lost their jobs during the pandemic, and those employed in the informal sector have not been able to earn a living. In addition, they are deprived of unemployment benefits. For this reason, many migrants have been trapped in social and financial insecurity. Furthermore, their position as migrants complicates the process of improving their condition.

As the state abandons its responsibility, international and regional institutions such as the United Nations (UN) and European Union (EU) have equally failed to ensure nondiscriminatory access to health care, secure the vital determinants of health, and provide satisfactory living conditions for migrants. These non-full-citizen groups are now among the most vulnerable, and their lives are threatened by the global pandemic. Individuals with precarious legal status are disadvantaged and deprived of a wide range of rights. Because social policies condition access to medical services, insurance benefits, gainful employment, and other public services to legal status, lack of citizenship rights has significantly impacted every aspect of many individual lives. As a result, these policies have intensified social exclusion and inequality that affect the persons categorized as noncitizens.

With the rapid spread of the coronavirus, the state is regaining its absolute exclusive claim over citizenship and has tried to organize a safe zone for its citizens, who are now under threat. Similarly, it has transformed noncitizens into undeserving aliens and has exercised these exclusionary policies ostensibly to protect society from “dangerous viruses.” The enactment of closed citizenship policies, either as an international action or as a measure to protect society, is a symptom of a deeper systemic problem translating into further vulnerabilities for those who are considered not to belong to the community. However, the securitization of borders, precarious status, and deprivation of rights have gone hand in hand with the nation-state in modern history. The policing of the state’s external boundary and the proliferation of restrictive measures produces and extends the unequal distribution of rights and life opportunities at both an individual and a statist level.

Recent approaches such as post-nationalism (Jacobson 1997; Soysal 1994), transnationalism (Basch, Schiller, and Blanc-Szanton 1994; Bauböck 1994; Donaldson and Kymlicka 2017; Faist 2010; Kivisto and Faist 2015), and denationalism (Sassen 2002) have suggested that citizenship has become increasingly deterritorialized under the influence of globalization. Nonetheless, the issue of its relation to territory has re-emerged and become more apparent due to the COVID-19 crisis. In this situation, the power of citizenship in the determination of life chances is underlined (Carlotti 2020; Kluge et al. 2020; WHO 2020; Narea 2020). During the pandemic, the transformation of rights and obligations and, more importantly, how a person is recognized, legitimated, and entitled to possess such rights and obligations have become issues of heightened concern. The significant discriminations generated by citizenship since the onset of the pandemic once again reveal the importance of rethinking the concept of citizenship, its conditions and nature, and the impact it has on the lives of individuals.

This chapter aims to explore how citizenship has contributed to controversial exclusionary practices in the context of the COVID-19 crisis, despite the claim that it is becoming universal and inclusive. While many sociological analyses have focused on discriminations based on gender, race, or religion in the time of COVID-19, this essay gives critical insight into expansive differentiations created by citizenship beyond and within national borders. To grasp how citizenship is reconfigured and performed in the time of COVID-19, I briefly discuss how

citizenship has initially been conceptualized as a formal institution – that is to say, a legal relationship associated with a certain status and a particular bounded community. Further discussions focus on how citizenship is regulated and enacted, linking the constitutive politics of borders to the allocation of certain rights. I argue that the granting or denial of citizenship rights and obligations is a historical and central part of the institutional configuration of the nation-state and affirms the fundamental condition for the legitimacy of the state itself. The key point to consider in this study is the capability of citizenship to extend its exclusionary function and to divide the world into “us” as privileged and “them” as unprivileged.

What does citizenship mean?

Before examining how citizenship performs its exclusionary function in the contemporary world, and particularly in relation to the coronavirus crisis, the term itself must be clarified. Providing a clear-cut definition of citizenship is not a simple task, as the concept has undergone numerous transformations. The primary and most conventional understanding of citizenship, which is closely connected to ancient Athens, is that of a form of membership in a political community. In the modern era, this polity – to which one belongs – is translated into a nation-state. Citizenship as membership in a nation-state provides legal standing as well as certain rights and duties, which are regulated by the state. Mainstream accounts in sociology affirm that citizenship is “a set of normative expectations specifying the relationship between the nation-state and its members which procedurally establish the rights and obligations of members and a set of practices by which these expectations are realized” (Waters 1989, 160). However, Faist (2014) advocates for the separation of the political and legal aspects of the concept of citizenship. The political aspect refers to the relationship between the state and democracy, whereas the legal side corresponds to “full membership in a state and the corresponding tie to state law and subjection to state power” (Faist 2014, 23). These various definitions establish that to be a citizen, in the true sense of the word, is to become a subject of a sovereign state. In this acceptance, citizenship is “a continuous series of transactions between rulers and subjects” (Faist 2011, 440). In other words, citizenship is a “relational process of subjectification” (Balibar 2015), which is continuously reconstituted by the body politic. Understanding citizenship thusly – as an institutional process – enables us to fully apprehend how it is (re)configured, enacted, and practiced at a specific time and place.

A wide range of theories consider citizenship as an associative upshot of the interplay of three “institutional formations: the state (citizenship as a political status), the nation (citizenship as membership in a community) and the law (citizenship as a juridical status)” (Clarke et al. 2014, 57). This conjunctive characteristic of citizenship equips it fully to demarcate the boundaries of membership in a territorial domain of community. Furthermore, it clarifies the benefits and responsibilities of each member toward the given community.

Citizenship and the organization of modern society

An important question arises: How has citizenship become a determining factor in organizing modern society? Historically, the construction of citizenship is intimately linked to the process of state formation. As Klausen remarks, “[o]riginally denoting residence within the protective walls of cities, citizenship defines a community by establishing who may reside within the boundaries and who may not” (1995, 249). Contemporary citizenship, either as a legal fact or as a sociopolitical concept, is, in its very nature, tied to the formation of the modern nation-state. Following this development, the Treaty of Westphalia in 1648 established a system of universal recognition of sovereign states in the international realm. Within this system, the state, as the central organizing agent, was qualified to “create and reinforce a homogeneous national citizenry premised on the idea of equality between citizens” (Maas 2017, 645) within the declared borders of constructed nation-states. At the inter-statist/national level, citizens could rely on the protection of their corresponding state against possible foreign threats (Faist 2014). With this in mind, Rogers Brubaker describes citizenship as an “international filing system, a mechanism for allocating persons to states” (1992, 31). He places particular emphasis on the critical point that the formation of modern nation-states and the institutionalization of citizenship are indispensable and inseparable; moreover, they are central to the new modes of governance. Indeed, this interrelation or “bundling,” to use Sassen’s (2005) term, points to “sets of connections whose contingency has been concealed in the processes of institutionalization that reified and naturalized them” (Clarke et al. 2014, 57).

The idea of a single state controlling a unique, homogenized nation, which developed in Europe through colonial mandates, has gradually spread all over the world. Since people everywhere are distributed in organized political units called nation-states, every such unit is assumed to be distinctive in its historical origins, cultural identity, and public institutions. Within the system of nation-states, the state must identify citizens by determining who belongs to the subjective nation. To be included as members, individuals must be affiliated with the state through a “genuine link” (Faist 2013). Every national within the state boundaries is granted full legal membership and subsequently entitled to rights, whereas other individuals are disadvantaged in their access to resources. In a structure such as this one, citizenship serves as a mechanism to categorize certain persons as members and citizens and exclude those who are defined as nonmembers and noncitizens. The immediate consequence of this development is the framing and implementation of social differentiation.

Elaborating on its workings, scholars delineate several dimensions of citizenship. Legal status, rights, political participation, and a sense of belonging are the most prevalent (Bloemraad 2000; Bosniak 2000; Faist 2009, 2014; Shachar et al. 2017; Sassen 2002). These dimensions do not function disconnectedly, but rather fortify each other in effectuating citizenship boundaries. For instance, in many national

societies, lacking full legal citizenship entails being deprived of all or a range of citizenship rights. In this chapter, I specifically concentrate on two aspects of citizenship: legal status and rights.

The legal dimension of citizenship refers to the formal identification of membership in an organized political community (Bosniak 2000). The most basic affiliation of people to a nation-state is manifested in legal status. The state determines the conditions for obtaining this status and decides who it deems eligible to it. Brubaker underlines the legal aspect of citizenship, as it implies the formal specification of membership in the universal governance of modern states. Legal status marks boundaries whose crossing transforms the status, rights, and duties of a person in relation to a nation-state. Possession of citizenship theoretically grants all rights within the borders of the political community and gives access to necessary support on the international stage (Brubaker 1994; Bloemraad 2004). As such, those who are denied legal membership are statutorily excluded from these privileges.

Admittance into a state as a citizen is restricted and rests upon constitutionally defined conditions; it can be secured either by birth or by migration (Wang 2002; Bloemraad, Korteweg, and Yurdakul 2008). Birthright citizenship provides a mechanism for the allocation of membership entitlement and unequal life opportunities: “[u]pholding the legal connection between birth and political membership clearly benefits the interests of some (heirs of membership titles in well-off polities), while providing little hope for others (those who do not share a similar ‘birthright’)” (Shachar and Ran Hirschl 2007, 254). In the migration process, the individual voluntarily applies for legal citizenship in another state. It is noteworthy that the status of migrants is defined by a wide range of affiliations associated with specified rights, from the moment of their arrival on the territory of a state to their legal recognition as a full member.

The central point in the contemporary understanding of citizenship is the right of individuals in the political community. The liberal approach to individual rights, by giving priority to rights within the relationship between the state and individuals, has expanded the language of citizenship rights and extended their range and varieties (Bauböck 1994). Numerous citizenship rights are defined; however, per T. H. Marshall (1950), civil, political, and social rights are frequently articulated. In return, conscription, taxation, and participation, as duties of the individual, are defined as complementary characteristics of citizenship affiliation (Isin and Nyers 2019). Civil rights are introduced to guarantee freedom of speech, thought, faith, occupation, and movement; political rights offer the privilege to participate in the political realm and to exercise power; and social rights are designed to secure access to economic welfare, universal health care, and insurance. Social rights deserve particular consideration as they are intended to assure the well-being of individuals and secure their lives against the hazards of poverty, health problems, and social exclusion. In other words, they give opportunities to be included in the distribution of resources (Marshall 1950).

As mentioned previously, the interdependency of the various dimensions of citizenship creates an exclusionary pattern of access to rights. Social rights – the most essential category for the analysis of the COVID-19 pandemic – are, to a great extent, conditioned on the status of the person. Depending on their status (residence, nationality, etc.), migrants are entitled to benefit from “the provision of public education, health and housing and from financial benefits such as social insurance payments in cases of unemployment, sickness, work accidents or retirement” (Martiniello et al. 2006, 70). Precarious status or the lack of citizenship status results in inadequate access to rights and eventually engenders unequal and marginalized social positions. Importantly, the combination and extent of citizenship rights and obligations vary from state to state. While some states deny all rights to a particular group or all migrants, others grant civil and social rights to migrants but may prohibit them from taking part in political decision-making. In consequence, citizenship rights, contrary to human rights, are not interpreted as “universal,” “consistent,” and “equalizing.”

Citizenship rights are regulated and institutionalized by the state and are thus dependent on membership in the relevant community.² This is precisely why citizenship should be criticized and relocated beyond national borders and above membership conditions. The system of entitlement to rights should have a universal principle, be applied to all human beings, and be “available to all on an equal basis regardless of where you are born or happen to live” (Bellamy 2008, 15). In the last decades, many scholars have problematized the fundamental power of the state as the recognition of legitimate subjects of rights. In so doing, they have formulated the language of personhood, which asserts that every person should be entitled to rights and benefit from the resources of the community. Hannah Arendt, reflecting on stateless people after the Second World War, pointed out that those deprived of legal membership are denied human rights as well (2004). For this reason, she suggested that everyone has or must have a “right to have rights” in any given polity.

The idea of human rights took hold in the context of globalization and by virtue of the emergence of supranational actors and institutions. The reconfiguration of rights above the borders of the nation-state, mass migration, and the formation of transnational communities sustained the transformation of citizenship into a cosmopolitan or global form transcending membership in a nation-state. Under the regime of global citizenship, the boundaries of rights and obligations evolved and rights disaggregated, such that a noncitizen can claim certain rights at the supranational level. According to postnational theories, in the conditions of globalization, the state is no longer the exclusive regulator and guarantor of rights and its inherent sovereignty is abolished; a global principle of politics replaces it, which could offer inclusion to all regardless of where they belong (Soysal 1994; Wang 2002; Koopmans and Statham 1999). In this view, the present organization of the nation-state is not capable of diminishing the gap between human rights and citizenship rights. As an alternative, a management system for global membership

could operate more inclusively. This transformation is accomplished under the influence of growing international politics, supranational structures such as the EU and the UN, universal and regional covenants and agreements, and civil societies (Isin and Nyers 2019; Faist 2011).

Receding from global to national borders

In the complex situation created by the COVID-19 pandemic, while international institutions have failed to facilitate equal access to health care for all, states have embraced border control. Taking steps to control borders, states suspended entry permits, eliminated the options for the re-entry of residency permit holders, and limited new immigration and asylum applications. The imposition of border restrictions has led to a large number of migrants being stranded. Laborers, temporary work permit holders, skilled workers, families awaiting reunification, bridging visa holders, and international students have not been able to comply with visa requirements or to extend their permission. Many countries, including Japan and Korea, suspended the validity of previously issued visas (OECD 2020). These restrictive measures left mobile people more vulnerable than ever and unable to tackle financial and health problems. Hundreds of migrants have been stranded in the Chilean-Bolivian border, as well as those stranded in the southern and northern borders of Panama waiting for borders to reopen (IOM 2020). Following border closures policies, Italy and Malta implemented a new strategy to reject migrants traveling on boats. Subsequently, hundreds of migrants had been stuck at sea for some weeks, and eventually, some of them have lost their lives while others were forced to return to their home countries (Stierl 2020).

Within the territorial borders, states have withdrawn some of the rights of migrants and imposed new obligations, which has exacerbated disparities between citizens and noncitizens and led to institutional exclusion. The extensive policing of national-territorial boundaries has reduced internal access to public goods such as health care and social services. The internal politics of the nationalization of citizenship concern those segments of the population who reside within the borders of a state for the long or short term without being (full) members. Because they lack full membership, migrants experience severe restrictions in their access to healthcare services. They face limitations in the treatment phase but also encounter difficulties when trying to undergo diagnostic tests. Migrants, especially when they are undocumented, may fear to report their health condition or infection. This inability and social insecurity may expose the groups of migrants more to infection with the novel coronavirus and put their lives in jeopardy and can exacerbate the spread of the coronavirus disease in the host community.

Different categories of migrants feel abandoned as they receive limited support from the state and cannot take advantage of health care and social services like full citizens can. Noncitizen residents have become the subjects of obligations, but not rights. They are required to behave as citizens in the interest of public health and

to observe the state's measures during the pandemic. As reported by the International Organization for Migration (IOM) (IOM 2020), thousands of Ethiopian migrants in Yemen have been forcibly transferred between governorates amid fears that migrants are spreading the coronavirus. An IOM spokesperson reporting the situation of migrants in Yemen said,

Migrants are scapegoated as carriers of the virus and as a result, suffer exclusion and violence. In addition to the forced removals, fears about COVID-19 have led to migrants in Yemen experiencing verbal and physical harassment, increased detention, and movement restrictions.

(UN News 2020)

In Southeast Asia, in the Greater Mekong Subregion, owing to lockdown measures in Thailand, thousands of internal migrants and migrants from neighboring countries were forced to return to their home provinces or countries (IOM 2020). Several thousands of Afghans as well had to return to Afghanistan from Iran, due to severe conditions, no access to minimal care, especially health screening, and economic consequences of the pandemic (IOM 2020; Mixed Migration Centre 2020).

While national-based citizenship was purported, from the standpoint of supranationalist scholars, to be on the decline in the last decades, the circumstances induced by the COVID-19 pandemic have led to the resurgence and reconstitution of a notion of citizenship that derives its meaning from territoriality. The outbreak of the COVID-19 crisis transformed citizenship into a more strictly defined membership in which insiders ought to be distinguished from outsiders. At the frontier of the nation, noncitizens are presented as outsiders to the nation-state who must be kept away from the homogenous and secure national community, which is now under threat of infection and resource deficiency. Within these renationalized citizenship boundaries, noncitizens are not members of the nation. Consequently, protecting their life from disease is not the state's duty. A broad range of exclusions has developed, based on categories of citizen and noncitizen, making the distinction between citizen and human more salient than ever. The right to life, as the fundamental human right, has been stripped away in the name of "national security." Confining the boundaries of membership and rights brings about new forms of inequality, exclusion, and injustice, which reflect the emergence of a more exclusionary form of citizenship.

Citizenship will continue to operate as a control device that strictly differentiates access to scarce resources based on national membership unless a sustainable global mechanism combining a universal juridical power with a local executive agenda abrogates the state's power of determination. Such a mechanism must have the capacity to provide the necessary goods and to ensure public well-being in such a way that all individuals can enjoy the same benefits, irrespective of their national affiliation. To do so, when responding to crises like the COVID-19 pandemic, policy makers should adopt rights-based measures and take affirmative

actions to assure the livelihoods of all people and prevent the discrimination and marginalization of certain groups.

Conclusion

Citizenship has been the differentiating structure by which desirable subjects of rights are redefined and entitled, based on legal membership in the national community. With the emergence and spread of the COVID-19 pandemic, the policy of closing borders was immediately adopted and implemented as a response. In these circumstances, what defines who can claim rights in a given nation-state is the title of “citizen.” Through the implementation of restrictive policies, access to health services as a fundamental right has been curtailed for many groups of migrants with various legal statuses. These exclusionary acts are justified as necessary safety measures to mitigate the spread of the virus and protect people. While new – postnational, transnational – formulations were introduced to relocate citizenship beyond the boundaries of the nation-state, the COVID-19 pandemic pulls the concept back within these boundaries even more explicitly. States have been the only legitimate site for the regulation of citizenship, although some supranational institutions strive to take decisions concerning regional or global issues. The problems raised by the pandemic have challenged the postnational claim, which argues that membership is transcending national borders to become global and that international human rights norms guarantee individual rights all around the world. During the pandemic, the nation-state has reappeared as the only locus for the allocation of rights and has mobilized citizenship as a means of control and distribution of resources.

Notes

- 1 In this chapter, migrant refers to all noncitizen groups: members of varied groups including refugees, asylum seekers, undocumented workers, and skilled migrants.
- 2 However, legal membership and rights are ordinarily coupled; in some practice of citizenship, legal members may be deprived of some rights, such as deprivation of political rights for prisoners. On the other hand, noncitizen residents can enjoy a range of rights associated with citizenship without being recognized as a full citizen; for example, extension of civil and social rights to migrants in some countries.

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PART II

Exacerbating inequalities



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10

INEQUALITIES AND COVID-19¹

Serena Nanda

“We’re all in this together.” This hopeful mantra, widely expressed by the media, political leaders, and scientific experts in the early stages of the COVID-19 pandemic, was meant to generate a sense of security, suggesting that through collaborative efforts the world would quickly overcome this historic global disaster. The reality is turning out quite differently. The COVID-19 pandemic, like other global catastrophes, reveals the many deep-rooted and far-reaching inequalities throughout the world affecting vulnerability, treating, and containing the virus among individuals, communities, and nations. While some of these inequalities are related to biological factors such as age, sex, and prior medical conditions, the disproportionate impacts of COVID-19 are based in the seldom acknowledged and often suppressed inequities rooted in structural differences such as national economic development, minority group status, class divisions, working conditions, citizenship status, geography, political ideologies, and widespread discrimination (Zakrzewski 2020).

The COVID-19 pandemic lays bare and exacerbates the underlying weaknesses of every society it touches: vast economic inequalities, overdependence on global production and trading chains, disastrously weak medical systems, national inequalities regarding testing capacity, access to medically necessary protective gear and technology to treat and contain the virus, corrupt and self-serving politicians, and widespread cultural denial.

COVID-19 is transmitted from infected individuals to others in close contact. Without a vaccine to halt its spread at the present time, the most effective preventative measures are keeping social distance from infected individuals, frequent handwashing with soap and water, and wearing face coverings, preferably masks, which are unequally practiced among nations, communities, and individuals.

Between-nation inequalities

One significant disparity in the ability to prevent and treat COVID-19 is that between poor nations and rich nations. Despite their differences, nations in Africa, Latin America, and the Indian subcontinent are the most vulnerable to COVID-19 because of deep and widespread poverty; weak medical systems; an inability or unwillingness to test, measure, and reveal data; widespread prior health vulnerabilities; a high rate of illiteracy, causing confusion over safety measures; informal economies with few worker social safety nets; poor sanitation; overcrowded urban slums; overwhelmed transportation services; and an inability to compete with rich nations in the purchase of protective gear and medical equipment. These weaknesses are exacerbated by climate catastrophes like cyclones and floods and violent military conflicts, all of which inhibit widespread practice of the most important preventive measures (Maclean and Marks 2020).

The already precarious economies of developing nations are further shattered by mandated lockdowns as governments attempt to contain the spread of the coronavirus. Economic contractions in wealthy nations such as the United States and the Gulf States also disastrously affects developing nations, whose economies rely heavily on the overseas remittances of foreign migrants. For millions of people in developing (and developed) nations who can only eat if they have a job, a major source of fear is starvation, not the pandemic (Husain 2020). The worst impact of the pandemic is on poor nations, where economic devastation, rocketing food prices, mismanaged government policies, civil war, and food market lockdowns threaten populations desperately in need of food. The five-year war waged by Saudi Arabia against Yemen has destroyed schools and hospitals; critical care for the sick and protective gear and medical supplies are in short supply (Yee 2020). In Harare, Zimbabwe, a police raid enforcing a lockdown on the city's largest outdoor food market destroyed three tons of fresh fruit and vegetables by setting them on fire and forcing the rural farmers who had traveled overnight to return home (Virus Choking off African Food Supply 2020).

As COVID-19 expanded around the world, hunger increased due to the sudden loss of income for countless millions already living hand to mouth, and food prices skyrocketed. As schools closed, over 300 million children lost the nutritious meals they normally provided. Problems in planting, harvesting, and transporting food will leave developing countries, especially those relying on food imports, more vulnerable in the coming months. Food distribution in developing nations is labor intensive, so supply chains are vulnerable to COVID-19 and clash with social distancing regulations.

Curfews and restrictions on movement are devastating the meager incomes and access to food of people displaced by violent conflicts in Uganda and Ethiopia, interrupting the delivery of seeds and farming tools in South Sudan, and halting the distribution of food aid in the Central African Republic. In Niger, which hosts almost 60,000 refugees fleeing conflict in Mali, food prices have surged. Locust

swarms in the Horn of Africa and droughts and floods have also deepened food insecurity, and travel bans and airport closures have limited pesticide supplies. In some cases, charitable food donations attract huge crowds, who are then exposed to the virus.

Nigeria, Africa's most populous state with 200 million people, is a growing COVID-19 "hot spot," and its already weak healthcare system is further crippled by the deaths of medical personnel and the almost total lack of protective gear and ventilators. Testing is very limited, and the government arguably purposely underestimates the number of cases and fatalities. The cultural importance of large gatherings at funerals leads people to ignore social distancing rules. The many Nigerians who do not speak English cannot understand the public messaging systems calling for obedience to preventive measures (MacLean 2020). In April, a virus hot spot emerged by closing Koranic boarding schools, attended by 10 million poor students between the ages of 5 to 14 years old, who then had to beg in the streets or who were transported in overcrowded vans to their homes sometimes thousands of miles away, exposing them to the virus (BBC 2020).

Kenya enacted a strict testing and quarantine policy, but the quarantine facilities were so unsanitary that the virus spread among people trying to follow the rules; the lockdowns have also led to widespread hunger there (Dahir 2020). In Nairobi's Kibera slum, thousands of desperate people scrambled for a government donation of flour and cooking oil, resulting in a stampede leaving two people dead. Government plans to place limits on food price increases and to give money transfers to the poorest families are inadequate solutions.

In Latin America, economic instability and poverty has also opened the way to the spread of COVID-19. In Nicaragua, the government's refusal to order lockdowns resulted in a pandemic surge across the country, long lines at hospitals, and pharmacies running out of basic medicines. Nicaragua's government does little testing, hiding its mismanagement by possibly lying about the causes of coronavirus fatalities and mandating that families bury their dead in the middle of the night (Bermudez and Robles 2020). Ecuador has one of the highest rates of coronavirus infections and deaths per capita on the continent, especially affecting the urban poor, leading to overwhelmed hospitals and dead bodies lying on the sidewalks (Cabrera and Kurmanaev 2020b).

As of the time of writing, developing nations represent 85% of the global population but only 21% of the pandemic death toll; this is because of the younger age of their populations. However, these nations also have a high percentage of elderly people, and the expectation is that their death rate will increase (Schellekens and Sourrouille 2020).

Despite huge economic contractions in wealthy, industrialized nations such as Germany, Japan, China, the United States, and others, these nations can obtain far greater quantities of protective gear than can the world's poorest nations and also have more medical personnel and access to medical services. By early April 2020, 90% of the reported coronavirus cases were in the rich, developed nations of the

Northern Hemisphere, but the worst of the economic and financial fallout has hit poor nations, which cannot match the government stimulus programs in the developed world (Sharma 2020). Their crowded living conditions prevent social distancing and their weak welfare systems cannot support unemployed workers for very long, if at all. Many poor nations are already deep in debt to international organizations; if they attempt to borrow more, they will lose the confidence of global investors, who have recently profited by supporting their economies (Walsh and Phillips 2020). The pandemic has also slowed global trade and domestic consumerism, both of which are economically critical to these countries. But some African nations, like Sierra Leone, have instituted low-cost and culturally adaptive methods of slowing the pandemic, such as establishing community care centers containing water pumps, electric generators, and toilets and mobilizing village elders, religious figures, and local councils to provide health information to small communities (Meriggi and Mobarak 2020). Still, the challenges that exist in developing nations can probably only be met by substantial international aid by the nations of the industrialized world.

The wealthy and the poor

The impact of COVID-19 falls more heavily on the poor than on the wealthy, including in the United States. Prison inmates, farmworkers, detained migrants, Indigenous peoples, homeless families, and many essential workers share both poverty and the perils of proximity; privacy as a class privilege has never been so obvious (DeParle 2020).

The pandemic has also unmasked the important connection between economic status and political power. President Trump wants to decrease food stamps for the poor, and a single mom working two jobs got a maximum \$1,200 stimulus check and \$500 for each child, while a recent government rescue package allocated \$135 billion for wealthy real estate developers. Raytheon Technologies, one of the United States' biggest defense contractors, cut salaries for thousands of its employees and gave stock increases to its CEO, increasing his future income by millions of dollars (Eavis and Das 2020). Most adults in the United States do not have sufficient emergency funds for three months, depending for food on the newly passed CARES act or charitable donations, while large corporations like Procter and Gamble, Walmart, and Amazon can withstand the pandemic crisis (Quart and Serkez 2020). The Providence Health System, one of the United States' richest private hospital chains, generates more than \$1 billion in annual income, yet this spring they received \$509 million in government aid through the CARES act. The 60 richest hospital chains received a total of \$15 billion in government emergency funds, of which \$874 million was paid to the five highest-paid officials, while 36 of these chains laid off, furloughed, or reduced the pay of their employees. Smaller, poorer, rural hospitals receive tiny amounts of federal aid and many are at risk of closing (Drucker, Silver-Greenberg and Kliff 2020).

Inequalities of wealth become inequalities of health. COVID-19 fatalities affect the lowest income earners at twice the rate of those at the top (Schwartz and Cook 2020). In New York City, an early pandemic hot spot, poor African Americans and Latinos suffer the highest death rates while wealthier, White neighborhoods, primarily in Manhattan, have seen almost no deaths at all. In the public housing high rises in the Bronx, the poorest borough, the lower- and middle-class emergency responders, pharmacists, home health aides, grocery clerks, and delivery people have the highest death rates. An elevator ride can require an hour's wait, with people packed like sardines in small, poorly ventilated cars that frequently break down; unemployment rates have skyrocketed 2,000% since last year. The life expectancy in the Bronx was already five years less than in Manhattan, and it has the city's highest rates of asthma, diabetes, high blood pressure, and obesity, all factors exacerbating vulnerability to COVID-19 (de Freytas-Tamura, Hu, and Cook 2020).

One cause of the disparity in life expectancy between the rich and the poor in the United States is that country's uniquely expensive and inefficient medical system, which affects access, treatment, and drug prices. Low-income and less-educated individuals are less likely to have health insurance and more likely to die from "deaths of despair," like opioid addiction, suicide, and alcoholism.

In response to the pandemic, the airline, retail, sports, hospitality and entertainment, and tech sectors, factories, and many other portions of the economy shut down and caused unemployment to skyrocket past 40 million workers, despite a rising stock market: Except for the affluent, most people own little or no stock, and the median net worth of the richest 10% of households rose 13%. Fewer men are working, union membership has plummeted, and nearly one quarter of children in the United States live in single-parent families, whose incomes tend to be lower than that of two-parent families. With school closings, millions of poor children lost their access to free lunches, and nonprofit childcare centers are at great risk of closing, a real disaster for parents who cannot work at home (Leonhardt and Serkez 2020). School closings will have negative long-lasting effects on poor children who do not have access to online learning, while affluent children take virtual piano and tennis lessons.

A virus relief bill proposing \$100 billion for rental assistance for the poor has still not passed in the Republican-dominated Senate and as of mid-August, the eviction moratorium is only extended until August 31, 2020. Meanwhile, wealthy corporations are stockpiling billions of dollars, ready to take advantage of the pandemic's economic wreckage by snapping up commercial real estate at rock-bottom prices (Miller 2020); the evictions state governments put on hold in many cities are only temporary (Mervosh 2020).

The CARES loan program for small businesses, initially offered on a first-come, first-served basis, failed to work, as the nation's biggest banks prioritized applications from their wealthiest clients before turning to other loan seekers. At Chase, the largest bank in the US, most private and commercial banking clients who

applied for a small business loan received one, but only one out of 15 retail banking customers who sought loans were successful (Flitter and Cowley 2020).

The privilege of social distancing is reserved for the well-off; even as professionals are working remotely, the rich are moving from urban areas to isolate in their second homes (Paybara, Bloch, and Reinhard 2020). These escapes from New York City soared 60% from last year in response to the pandemic, one-half from the wealthiest Manhattan neighborhoods. States with many second homes, like New Jersey and Florida, are urging their owners not to come, restricting short-term rentals, and requiring quarantine for out-of-state homeowners; at the same time, private jet plane service is soaring with passengers worried about flying on commercial airlines (Sullivan 2020). For the rich, a private pool, easily costing \$75,000, is now viewed as an acceptable and reliable means of avoiding contact with the “dangerous” vector class (Bellafante 2020). Europeans are also fleeing to second homes, generating anger and disgust among local residents who consider them irresponsible and selfish, as is also true in the United States (Kingsley 2020a).

The working-class crisis

COVID-19 has both unmasked and intensified economic inequalities of race in the United States: In May 2020, the jobless rate for Whites dropped to 12.4%, while for African Americans it went up to 16.8%; nearly 1.4 million Black men and nearly 1.7 million Black women lost their jobs; the 17.6% Latino jobless rate improved only slightly. Poor educational options, high incarceration rates, and outright discrimination are part of the history of the United States, but the pandemic has made it worse (Cohen and Casselman 2020).

As COVID-19 upends work and family life, women carry an outsized share of the burden; they are more likely to lose their jobs and also more responsible for home child care as schools and childcare centers close, a negative effect on their future work opportunities that can last a lifetime (Cohen and Hsu 2020).

Healthcare workers are the most obvious victims of COVID-19, but not only doctors and nurses are vulnerable. Hospital janitors, who mop the hallways and take out the garbage, clerks who check medical records, greet visitors, and answer the phone, security guards, cafeteria chefs, and others, driven by financial necessity, need to keep working even if they get sick (Hong 2020). As of June 12, 2020, 600 healthcare workers in the United States had died (Jewett, Bailey, and Renwick 2020).

Even professional medical practitioners are not always treated with respect, out of fear that they will spread the virus. In Mexico, by late April, with 500 healthcare workers infected out of 14,677 confirmed virus cases, nurses were blocked from public transportation, and some were blocked from their homes by fearful neighbors. In the Philippines, attackers blinded a nurse by dousing him with bleach; in India, a group of medical workers were chased by a stone-throwing mob, and in Pakistan a nurse and her children were evicted from their apartment building (Semple 2020).

The pandemic is challenging our culture to reconsider the status of workers. Ironically, it is the lower-status workers, like supermarket cashiers, stock clerks, homecare and domestic workers, delivery people, bus drivers, maintenance and sanitation workers, long-distance truckers, and postal clerks, who are deemed “essential,” while at the same time they are more vulnerable to the coronavirus because they cannot work remotely and practice social distancing. Many of these workers must also use public transportation to get to work, another source of vulnerability, while educated and highly paid professionals like lawyers, accountants, journalists, members of Congress, and even Supreme Court justices can quarantine at home and still get paid. Small entrepreneurs and their employees in nonessential businesses, like mom and pop bodegas, tattoo parlors, beauty salons, bookstores, sporting goods shops, and small cafés and restaurants, have also suffered extreme income loss from which they may never recover.

Government aid to workers has both political and cultural aspects; it is distributed based on the work being performed and different political ideologies. The United States divides its aid between ordinary workers and bailing out big corporations, with outsized rewards to hedge fund managers and Wall Street bankers. The government spends billions on worker aid in the form of unemployment insurance, while Denmark, in contrast, compensates employers for up to 90% of their workers’ salaries. Its goal is to preserve “Main Street,” part of the Danish cultural ideology that jobs are not just about the money. Compensated labor provides workers with a sense of independence, identity, and purpose, rather than viewing themselves as people dependent on the state. In the Netherlands, companies facing a loss of at least 20% of their revenue can apply for government aid to cover 90% of their payroll. The United Kingdom announced it would pay up to 80% of wages for as many companies as need help, with no cap on the total government aid; the German government gives aid even for part-time employees who are still working.

Joblessness has increased in the eurozone, however, and many national aid programs will soon run out; about 12 million people in eurozone countries are registered as unemployed, a relatively low number, however, compared to the more than 40 million people in the United States who have filed claims for jobless benefits since the start of the pandemic, despite a similar size population. The loss of health benefits is particularly worrisome in the United States, which has no national public health program. One cultural pattern in the United States is that companies fight to maximize their freedom to shed workers during economic downturns; the benefits that accrue go primarily to shareholders. The European cultural model is better for workers, and also benefits companies who can keep their trained and experienced employees.

Concerns about contracting COVID-19 in unsafe working conditions have incited protests and strikes in many nations. In the United States, with the gradual easing of lockdowns, many struggling workers and small business owners who entertain, serve, and beautify people in tattoo parlors, beauty salons, barbershops, and small cafés feel they have little choice but to return to work, even if it increases

their exposure to the virus, as they desperately need the income. In the Netherlands, lockdowns forced many sex workers in Amsterdam's famous Red Light district into poverty, but many secretly went back to work. Dutch sex workers receive patchy and inadequate aid from the government because they are not registered with the tax authorities, and migrant sex workers are ineligible for any aid at all. Some sex workers have turned to the internet, but there are substantial difficulties, including high costs, in setting up an online sex work business (Kingsley 2020a).

In Europe, where worker unions have more power than in the United States, union actions protect many workers, like those in Amazon warehouses, from working in unsafe conditions. In France, 10,000 Amazon employees received paid furloughs after their union successfully sued the company; the courts threatened fines of millions of euros if Amazon did not comply with increased safety measures to address unsanitary working conditions, a lack of protective gear, and inadequate social distancing spaces (Alderman and Satariano 2020).

Globally, lower-income workers suffer most, despite strong unions and strict labor laws. Companies cut costs by targeting workers who have little clout in the labor market and can be more easily fired. Like those in the United States, European workers also suffer from corporate cost cutting in declining major industries like airlines and the auto industry, which is laying off thousands of workers. But in France, over 900,000 firms have put 8 million employees on "partial unemployment," a government program designed to ensure people have incomes while their companies are closed. The French government requires employers to pay 84% of their workers' net salaries on the condition that the employees don't telecommute or perform other work full time. Still, even in Europe, labor laws are no safeguard for lower-level workers (Ewing and Abdul 2020).

Freelancers and temp workers are particularly vulnerable to corporate cost cutting: IBM demanded that freelancers and contract workers accept a 25% pay cut or be fired; most recently Google rescinded job offers to 2,000 of its contract workers, including those in Europe (Wakabayashi 2020). Google's 130,000 contractors and temp workers are a "shadow force" that outnumbered its 123,000 full-time employees; while full-time staff get high salaries and generous benefits, temps and contractors often receive less pay and fewer benefits and lack the same protection even as they work alongside full-timers. The coronavirus has underscored this disparity.

In Mexico City, as in most already fragile urban Latin American economies, most of its more than 12 million residents live hand to mouth, working informal jobs without a safety net. Mexico City's hospitals are operating at full capacity, and its frontline health workers are contracting the virus at some of the highest rates in the world (McDonald 2020). The Mexican president promoted a government loan plan for about 1 million workers in small informal and formal businesses, but many did not qualify because they do not appear on social security or tax registers. In Peru, the government's detention of more than 21,000 people for failing to comply with stay-at-home orders also particularly impacted informal street vendors.

In the United States, the 17,000 largely unionized workers in meatpacking factories protested unsanitary and unsafe conditions as unfairly exposing them to COVID-19; their strikes could not result in plant closure, however, as President Trump issued an executive order declaring that meat factories are “critical infrastructure” because the lockdown had resulted in empty supermarket shelves and huge price increases. Because of the economic power of meat factories in the Midwest and the South, local officials often help management conceal the numbers of infected workers, and they are not required to institute testing and other safety requirements (Corkery, Yaffe-Bellany, and Kravitz 2020). When the government worked with Tyson to expand testing, they found 739 or 58% of their workers testing positive in their Dallas County Iowa plant, many of whom still come to work, in spite of the absence of safe and sanitary conditions.

In Tyson’s Black Hawk County plant, with its many immigrant workers, management initially refused to shut down in accordance with local government restrictions, but five days after the order, 1,031 workers, one-third of the work force, were found to be infected and the plant did close. Under Trump’s executive order, however, it opened five days later. New safety precautions, like plexiglass barriers and temperature scanners, were added but it was too little too late. Still, Tyson’s high-level executives successfully lobbied the White House to help protect the company from lawsuits for failing to provide safety equipment. Supervisors lied to workers, telling them the virus was just a flu and prohibited them from discussing it at work; workers conformed for fear of losing their jobs (Swanson, Yaffe-Bellany and Corkery 2020).

Marginalized communities

Those who “don’t belong” to the places they are currently living are particularly vulnerable to contracting and dying from COVID-19 and rightly fearful of its spread (Kristoff 2020; Ramsari 2021, this volume). Millions of internal rural migrants in India and Peru, Rohingya migrants escaping from Myanmar ethnic cleansing, Indian and Bangladeshi migrants trapped in the Middle East, Singapore, and Europe, Latino immigrants at the Mexican border with the United States, Venezuelans who migrated to Columbia, Afghanis and Iraqis who fled to Iran, Uzbekistan migrants in Russia, and Pakistanis trying to escape poverty and the violence of honor killings and seeking refuge in Germany, who are stuck in detention camps in Greece and Turkey, are all among the most vulnerable global communities.

COVID-19 has disastrously affected over 1 million poverty-stricken rural migrants working in the informal economy in India’s largest cities. India has a very weak healthcare system; millions of people are homeless and live on the streets, and multigenerational families stay together in crowded homes, all of which makes social distancing impossible. On March 25, India’s prime minister ordered a complete lockdown on very short notice, which left huge numbers of migrants without food and shelter, forcing them to return to their villages. Public transportation was

overwhelmed, and migrant families had to walk or hitch truck rides for hundreds of miles, squatting along the way with hundreds of others for hours as the police moved them through checkpoints. When they finally reached their villages, old friends shunned them, shouting at them to go away because of the fear that outsiders were carrying the disease. In an inspiring act, attracting national attention, a 15-year-old girl bicycled 700 miles with her father, who had been injured, on the back of her bicycle to reach their village (Gettleman and Raj 2020).

In Peru also, a huge reverse internal migration from the cities to the countryside has overwhelmed the public transport system, leaving families sleeping outside on the streets, some lucky ones in tents provided by the government. Like India, the highways are lined with those walking home, carrying suitcases and children. One hundred and sixty thousand Peruvians in urban areas have registered with local governments, asking for help to leave, as Peru's coronavirus lockdown left many rural migrant workers unemployed and unable to feed their families. Peru is one of the worst-hit Latin American nations, second only to Brazil; as of mid-July 2020, it had more than 325,000 cases, most of them in Lima. As in India and Mexico, this raised alarm about the spread of the virus into rural areas, which are ill-prepared to support large groups of new people. Peru identifies itself as "a country of migrants, where movement is part of our culture," turning it into one of the most urbanized countries in the world. The Peruvian government's protocol is to administer a coronavirus test to would-be migrants and only allow those who test negative to travel. Of the 167,000 people who registered for help, the government was able to move only 3,579, so many hundreds of desperate families had departed on foot without being tested (Yacila and Turkewitz 2020).

Migrant workers stranded in foreign lands are particularly vulnerable to both sinking into poverty and contracting the virus. With Russia's economic shutdown, the 5 million migrant workers from former Soviet republics in Central Asia were the first to lose their jobs and the last to receive medical help; many want to return home but cannot do so because of the cancellation of commercial airline flights (Nechepurenko 2020).

Citizenship status is a key source of unequal treatment in all nations, both in terms of contracting COVID-19 and in the national response. In Geneva, Switzerland, one of the world's richest cities, less than 300 residents have died out of its one-half million residents. But the underclass of undocumented and underpaid workers are highly affected by the pandemic, often forgotten in a city known best for its bankers, watchmakers, and UN officials. In March, the thousands of "shadow workers" in the Swiss economy lost their jobs overnight as hotels and restaurants closed and families fired their undocumented cleaners and nannies in response to the Swiss lockdown. Unable to draw on state support because they are not citizens, most are forced to rely on charity organizations, funded by the wealthy as part of Geneva's volunteer culture, in order to survive (Kingsley 2020b).

Many wealthy countries in Europe, Asia, and the Middle East depend on foreign migrant labor from Asia, Africa, and the poorer Arab countries to support

their economies. Millions of “tea boys, housemaids, doctors, construction workers, deliverymen, chefs, garbagemen, guards, hairdressers, hoteliers,” and more, who often outnumber local populations, work in the rich Middle Eastern nations, taking jobs that the country’s citizens cannot or will not take and sending billions of dollars of remittances to support their families back home. As oil revenues plummeted and migrants lost their jobs, the migrant labor camps became hot spots of the coronavirus pandemic, and the citizens of these countries demanded that they be protected first (Yee 2020).

While many Gulf State governments passed strict stay-at-home orders and closed “nonessential businesses,” migrants continue to work in construction and the oil and gas industries, potentially exposing themselves to the virus (Hubbard 2020). Crowding on buses to go to work and sharing dormitory rooms, toilets, and communal dining halls make it impossible to practice social distancing. Freelance workers are the most vulnerable; female Filipino domestic workers have nowhere to turn if their employers abuse them – because of the lockdowns they cannot go out of the house to look for work or even to buy food. The billion-dollar aid package offered to unemployed Saudi Arabian workers applies only to citizens.

Singapore, one of the world’s richest nations, was internationally congratulated for its early virus-containment strategies, which included quarantining foreign migrants. Quarantine conditions were dire with a dozen people sharing a room and often filthy toilets in dormitories, and by mid-April there were 979 confirmed COVID-19 cases, 22% of all those in the country. Singapore’s 1 million low-wage migrant workers are legal and *theoretically* afforded the same labor rights as Singaporean citizens. Still, by April 21, Singapore had 8,000 COVID-19 cases, the highest in Southeast Asia, calling attention to the parallel universe of Singapore citizens and migrant workers (Beech 2020).

Indigenous communities in the United States and South America are also exceedingly vulnerable to the pandemic. Of Native American households, 5.8% have no running water, compared to 0.3% of White households; multigenerational family homes are overcrowded; preexisting medical conditions are widespread; and the Indian Health Service is “starved of funding.” The Navajo are reportedly suffering coronavirus fatalities at twice the national rate. The Center for American Indian Health is responding by providing health workers from their own communities and distributing food to hungry families, water to those who lack it, personal protective equipment to health workers, and information about how to prevent the spread of the virus and how to care for those who contracted it, but without additional funding the risks remain severe (Kristoff 2020).

In Brazil, emboldened by the Bolsonaro government’s determination to increase economic development of the Amazon rain forest, aid to Indigenous communities has almost dried up; in spite of the dangers of outsiders bringing the virus, regulations forbidding illegal loggers and miners are no longer enforced (Londono and Casado 2020). As of mid-June, the number of deaths of Indigenous people in Amazonia from COVID-19 rose to 262 from an earlier figure of 46 on

May 1, though there are likely more unreported cases. Among Indigenous people, 9.1% of those who contract the virus die, compared to 5.2% among the general Brazilian population (nationalgeographic.com/history/2020/06/disaster-looms-indigenous-amazon-tribes-covid-19-cases-multiply). COVID-19 is also spreading in the poor Indigenous ghettos on the outskirts of large Amazonian cities like Manaus and Belem, areas already overburdened by an influx of Indigenous refugees from Venezuela. President Bolsonaro claims Indigenous peoples “don’t bring in money and don’t speak our language” in his justification of government indifference and dismissal of their plight (Vilaca 2020).

Indigenous Amazonian communities are at particular risk of spreading COVID-19 because their culture embraces close physical proximity in daily life in the sharing of food and caring for others, and the concept of social distancing is foreign to their culture. Their response has been to run deeper into the forest to avoid getting ill, but this puts them at higher risk because medical care is at least three days away. Isolation also reduces oversight from protective government agencies, a “double whammy,” which some critics describe as ethnocide (Latin America BBC 2020; Cultural Survival 2020).

Past is present

As I emphasize in this chapter, the coronavirus has fueled already existing debilitating economic and social inequalities, such as those between the rich and the poor, labor and capital, and those who belong and those who are marginalized and discriminated against due to their race and ethnicity. COVID-19 sheds a glaring light on the disastrous effects of weak healthcare infrastructures and fragile social safety nets, both globally and in the United States, much of it due to racial discrimination. This pandemic, combined with the concurrent global protests against police brutality, gives the world’s nations as well as international organizations the opportunity to move forward with better solutions to these historically rooted problems.

As individuals, communities, and nations slowly try to get life back to normal, we see economics, politics, and culture playing major roles in deciding what strategies can work best to contain the pandemic. Without a vaccine, balancing the need to slow and hopefully completely erase COVID-19, while returning to a productive economy, is a tremendous global challenge. Essential to these goals are clear and consistent public commitments supporting medically approved prevention measures and societal responses. That commitment is not a given: It depends on cultural patterns like trust in government, a willingness to enact and enforce public discipline, adaptation to new forms of culturally valued patterns like religious rituals and a pre-pandemic social life, which involved crowded venues and activities, and a willingness to compromise on the extreme political commitment to individual liberty requiring disobeying restrictions because “no one can tell me what to do.” In short, the pandemic requires a rethinking of the values of communalism versus individualism, particularly in the United States.

With the loosening of lockdowns and the resulting huge spike of coronavirus cases and fatalities in the United States, compared to the early leveling of cases through public discipline in Singapore, Japan, New Zealand, South Korea, and Germany, we see that culture counts. But cultural commitments also compete with the need for restoring the economy, reopening schools, so necessary for student educational and emotional development, and revising the structured inequalities of gender, race, ethnicity, and wealth in every society across the globe. The future is uncertain, but we can help shape it by our commitment to national and international fairness and global collaboration and by avoiding a “rich man’s recovery” (Wu 2020; Mahar 2020). The roles of political power, entrenched privilege, and cultural patterns supporting existing global inequalities unmasked by COVID-19 provide insights and possible solutions into how we can be better prepared not just for new epidemics but also for a more equal and more compassionate future.

Note

1 I would like to thank anthropologist Barry Kass for his many helpful suggestions.

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11

SPOTLIGHTING HIDDEN INEQUITIES

Post-secondary education in a pandemic

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In the spring of 2020, higher education changed abruptly in the face of the global health crisis created by the COVID-19 pandemic (Ryan 2021, this volume). Colleges and universities across the world took the extraordinary measure of closing brick-and-mortar campuses. When it became clear that it was not safe for students, faculty, and staff to return to campus, campuses closed for the balance of the semester. And just like that – with little warning – higher education moved wholesale from the face-to-face classroom to “remote instruction,” a euphemism intended to acknowledge the fact that the abrupt shift online did not constitute “online learning.” What administrators, faculty, staff, and students collectively accomplished during the onset of this crisis was nothing short of heroic, but this emergency shift cannot properly be considered anything but academic triage (Schaeffer 2020).

Effective online learning requires faculty and students to have consistent access to technology, faculty that wish to teach online (many do not), and meticulous planning and construction of course materials and learning management systems (LMS), which requires time not afforded during this crisis. For fall 2020, institutions are employing a range of options: online-only instruction, a hybrid of online and face-to-face instruction, and face-to-face. Given the resurgence of COVID-19 cases and potential future outbreaks, it is prudent to analyze initial responses, so going forward, institutions of higher learning can best meet the needs of the widest range of students.

Information on “best practices” for online education is easy to find, as is information on how to make online classes accessible. What is largely missing – and has been exposed by this crisis – is discussion of the ways in which inequities affect our students. The shift online in spring 2020 was experienced differently by students based on health concerns for themselves and their families, and also on educational minutiae that many take for granted: a quiet place to study, ample time for

schoolwork, and the technology to access the LMS, write papers, and complete assignments. This chapter aims to fill that gap by exploring inequities of access to technology, inequities of environment, and inequities of time experienced by students during the spring 2020 semester.

Methods

Data for this chapter came from a mixture of methods, including the professional expertise of the authors. Our combined experience teaching and working in higher education, often with first-generation and marginalized students, spans nearly 50 years. We are embedded in professional teaching networks that regularly discuss strategies and obstacles to teaching and learning. Facebook has become a popular platform for such discussions: in mid-March, two major, active groups emerged to support teaching in higher education. Each grew quickly to memberships of over 30,000 faculty.

To gauge the concerns and obstacles facing educators and their students early in the pandemic, we conducted a content analysis of posts to each group between March 9 and April 11.¹ We focused on posts that generated significant rates of response (defined as more than 20 comments), selecting every third example. High-response posts (defined as more than 100 responses) were also included in the analysis. Results were coded based on the *tone* of the post – complaining (negative), praising (positive), or neither (mainly conversation starters to get advice) – as well as the *topic* of the post (teaching methods, administration demands, student problems). Finally, several national surveys captured student sentiment toward the shift to online learning. We also use these surveys to back up the concerns that filtered through our networks.

Higher education prior to the COVID crisis

In order to fully understand the inequities facing students, we must first understand the (perceived) function of higher education in the global capitalist structure, using the United States as our case study. Over several decades, the United States has shifted from an industrial to a post-industrial society, virtually eliminating the laborer's primary path from working to middle class for those without a post-secondary education. Technical skills that were once learned primarily through apprenticeships now require a two-year degree. As a result, post-secondary education (usually a baccalaureate degree) has become increasingly sold to K–12 students as the *only* path to financial security.

The trend of defunding education across the United States has led to underprepared students and skyrocketing tuition costs: between 1985/86 and 2016/17, the average annual cost of tuition, fees, room, and board across all institutions of higher learning nearly quintupled, rising from \$4,885 to \$23,091 (U.S. Department of Education 2019). Eighty-six percent of students in 2015/16 received some form

of financial aid (U.S. Department of Education 2019); in 2018, students graduated with an average of \$29,200 in student loan debt, bringing the total student loan debt in the United States to \$1.6 trillion (Friedman 2020). With less family and intergenerational wealth to help pay for a college degree, first-generation students take on more debt than do their counterparts. First-generation college students comprised 56% of all undergraduates in the United States during the 2015/16 academic year (Potter 2020; RTI International 2019).

The increasing pressure to attend college, defunding of education, and rising tuition rates mean undergraduate students experience and even conceal a number of problems their instructors may not be aware of and may not know how, or be trained, to alleviate on their own (see Cohan 2021, in the companion volume, for further discussion of this training gap). The issues we will discuss in this chapter fall into two general categories: financial, and health and safety. These problems are exacerbated by the inequities of technology, environment, and time.

Financial

Financial aid is often not enough to fully cover expenses, and students often struggle with a host of financial issues. Many students work while enrolled to cover expenses: In 2018, close to half (43%) of full-time students were employed, with 10% working full time. Among part-time students, 81% were employed, with nearly half (47%) working full time (U.S. Department of Education 2020). Not only does work reduce the time available to dedicate to coursework relative to nonworking students, it also is often not enough to make up for financial shortfalls. For example, students may lack essential personal technology like computers and printers, consistently reliable wireless internet service, and sometimes even textbooks; some students rely primarily on smartphones to complete their schoolwork.

Housing and food insecurity are rising problems: a 2018 study of 86,000 two- and four-year college students showed that 56% had experienced housing insecurity (Goldrick-Rab et al. 2019). The amount of food insecurity is difficult to gauge because we lack consistent research tools, but collectively, research shows that between 10% and 75% of students experience food insecurity while enrolled, and the USDA estimates 31%–47% of students are food insecure. Housing and food insecurity are higher for

marginalized students, including African Americans, students identifying as LGBTQ, and students who are independent from their parents for financial aid purposes. Students who have served in the military, former foster youth, and students who were formerly convicted of a crime are all at greater risk of basic needs security.

(Goldrick-Rab et al. 2019, 2)

Campuses routinely offer high-speed internet access, computer labs with necessary software and printers, library reserve copies of textbooks (if the instructor

makes them available), and quiet spaces dedicated to the pursuit of an education. Students who can afford dormitory fees have a place to live, and food banks are becoming a common sight on campus as well. Since 2012, over 700 campuses have opened food banks affiliated with the College and University Food Bank Alliance (College and University Food Bank Alliance 2020; Nikolaus et al. 2020; Nikolaus, Ellison, and Nickols-Richardson 2019). The brick-and-mortar campus allows students with financial needs to mitigate those needs through campus resources, but access to many of these resources disappeared when campuses closed.

Mental health

College can be a stressful time under the best of circumstances. The National College Health Assessment, the “largest known comprehensive data set on the health of college students” (American College Health Association 2019, 2, 15–16) shows 45% reported experiencing “more than average stress,” and over half reported their academic experience had been “traumatic or very difficult to handle.” Students reported high levels of feelings of disruptive emotions, as shown in Table 11.1 (American College Health Association 2019).

An estimated one in five adults in the United States report having experienced mental illness (National Alliance on Mental Illness 2020). Seventy-five percent of these cases present by age 25. “Most mental health disorders,” write Pedrelli et al. (2015), “have their peak onset during young adulthood,” making the college years prime time for the appearance of mental disorders. Attending college represents “significant disruptions” that may worsen or trigger the first onset of mental health symptoms (Pedrelli et al. 2015).

Although the mental health of college students has received increased attention in the past few years, college counseling centers report strained resources due to consistently rising caseloads (Miller 2020), and fewer students are likely to seek on-campus help for mental health issues (Pedrelli et al. 2015; Roy 2018). Roy (2018) found only 10%–15% of college students struggling with mental health concerns sought services on campus.

TABLE 11.1 American College Health Association 2019

<i>Disruptive Emotion/Thought</i>	<i>Percentage</i>
Overwhelm	87.4%
Exhaustion (nonphysical)	85.7%
Sadness	70.8%
Overwhelming anxiety	65.7%
Loneliness	65.6%
Hopelessness	55.9%
Depression severe enough to disrupt function	45.1%
Considered suicide	13.3%

From these brief overviews, we can see students who have to deal with financial pressures and/or mental health issues will be increasingly negatively affected by inequities of technology, environment, and time. The impact of the pandemic, and universities' rushed response to it, have only amplified these problems.

The hidden degree: theoretical background

Students often view college as a practical – or the only available – way to earn money and start a career, with learning as a byproduct of their years in school. The college degree leads to the potential for increased financial security and to retaining or gaining a middle- or upper-class lifestyle. Definitions of class tend to fall into one of three categories: (1) cash, or economic resources, (2) credentials, or education, qualifications, and occupational status, and (3) culture, or ways of thinking and defining oneself (Reeves, Guyot, and Krause 2018). Perception of middle-class status varies widely from reality: by economic measures, 68% of the US public considers themselves to be middle class, but that is true only for approximately half (Martin 2018). Despite variations in surveys and income levels, most people in the United States consider themselves middle class: “half of those in households with six-figure incomes define themselves as middle class; and even among those with incomes below \$30,000, a third define themselves as middle class and another third as lower-middle class” (Reeves, Guyot, and Krause 2018).

Only 30% of people in the United States saw a college degree as necessary to be middle class: credentials, therefore, are less important. “[F]or many,” Reeves, Guyot, and Krause (2018) write, class as culture is more important: “class is a state of mind . . . [it] is revealed through a combination of aspirations and attitudes; self-perception; or behavioral norms, preferences, and tastes.” Matters of taste are more “highbrow” among those identifying as middle class (Reeves, Guyot, and Krause 2018). For students not born into affluent families, college affords an immersive environment in which to learn middle-class culture, norms, and tastes.

Class in the classroom

The culture of the middle class – the attitudes, ways of seeing the self, norms, and expressed tastes – derive from and then recreate what Bourdieu called the *habitus*. The habitus is the combination of a group's history, norms of behavior, values, and individually internalized behavior patterns that reproduce the group's ideas and ensure its survival (Bourdieu 1980, 53–54). Individuals in a particular society are taught to perceive and interpret the world according to a specific blueprint, and thus choose actions appropriate to the culture. What has historically always been done becomes what is reasonable, commonsense, and second nature (Bourdieu 1980).

Habitus varies by social group: One social structure – or substructure – might entail differences in acceptable ways of thinking and being. Blum, Smith, and Sanford's (2021) discussion of quarantine protestors in the companion volume provides

an example: in the United States, although most of the citizenry in states that quarantined followed quarantine guidelines, a minority vociferously protested what they interpreted as an attack on their civil liberties. The two groups share a nation but differ in habitus: for one group, following health guidelines for the public good is “common sense”; whereas for the other group, being asked to quarantine violates what they see as reasonable.

Middle-class habitus dominates the United States – and most college campuses. Students socialized in childhood to the middle-class habitus need only reinforce those lessons on campus. First-generation and/or marginalized students, who may consider themselves to be middle class but not be familiar with the middle-class habitus, must acquire forms of *capital* in order to be successful.

Bourdieu identifies four types of capital possessed by individuals in varying quantities: economic (cash, wealth), cultural (credentials, knowledge, communication skills, and taste), social (networks), and symbolic (reputation or charisma) (Bourdieu 1980). Although students may think they are attending college to improve or retain their *economic* capital, they are actually acquiring several different forms of capital. As F. Scott Fitzgerald so dramatically illustrated in *The Great Gatsby*, membership in any social class is not simply a matter of one’s bank account; without the appropriate cultural and social capital, one remains an outsider.

Cultural capital refers to *what* a person knows and how they express themselves, matters of taste appropriate to their social class, and credentials (a degree, for example) (Bourdieu 1980). Cultural capital is vitally important, because those who possess the approved cultural capital are “separated from the common run of mortals . . . and, therefore, legitimately licensed to dominate” (Bourdieu 1998, 20–21).

Social capital is built on *who* a person knows: College offers students a chance to expand their social capital through social and professional networks which help “advance one’s position” (Applerouth and Edles 2016, 671). Classmates, campus organizations, sororities and fraternities, opportunities for fellowships or internships, relationships with professors who can write letters, campus jobs leading to future employment – all of these are part of the social capital acquired in college. The college degree, therefore, serves as a form of gatekeeping, becoming a marker to show the person holding it has been socialized into a certain habitus and possesses the appropriate cultural and social capital.

Cultural and social capital have a reciprocal relationship: To gain social capital, a person must display appropriate cultural capital, and social capital leads to opportunities to improve cultural capital. For example, sororities and fraternities “rush” applicants, often accepting “legacies” (social capital) by default and weeding out students without the cultural capital to be seen as a “good fit.” Internships, jobs, and letters of reference (social capital) all depend upon the student’s ability to impress by performing a specific role (cultural capital) – and to do so very well. Accessing these positions creates an opportunity for increased cultural and social capital.

Cultural and social capital, then, are gained through the competent *performance* of one’s role within the expected habitus.

Class in action

Although Bourdieu's concept of *habitus* is widely used, he did not speak to *how* *habitus* is re-created. To demonstrate how the college classroom transmits and shapes middle-class *habitus* and cultural capital, we turn to Goffman's (1959) theory of everyday interaction. Goffman outlines the methods by which we regularly work with others to create and re-create our social world through everyday interactions, using preexisting, socially constructed *habitus* expectations. For example, a successful college class relies on students and professors performing a set of taken-for-granted behaviors, creating and reinforcing acceptable behavior each time the class meets. Participants usually overlook social mistakes to avoid disruption, but when the mistakes are too pronounced to ignore, interactions and participants suffer (Goffman 1959). A single student breaking from acceptable behaviors, for example, can easily disrupt a class and halt learning.

Goffman (1959) argues that individuals engage in *impression management*, presenting the best possible version of themselves for the situation. Using theatrical terminology, he describes public interaction as *front stage*, where actors perform appropriate *roles*, using *props* and *scripts*. *Back stage* – private space where only intimates (friends, family) are allowed – the individual stops performing and prepares for upcoming roles (i.e., practicing job interview questions). Given familiar frameworks, impression management is second nature for most actors.

Impression management can be made more difficult, however, by *stigma*: “blemishes of individual character” (Goffman 1963, 4). These are discrepancies between characteristics we think someone should possess, but doesn't, *if* the discrepancy causes us to think less of them. Stigma interferes with an individual's presentation of self as competent, because others will assume a range of flaws based on a single stigma. Physical disabilities and race, according to Goffman (1963), are examples of visible stigmas that *discredit* an individual.

Individuals with stigmas can hide them if they are not obvious (beliefs, sexual orientation, and mental illness, for example). Moving to a new location and/or changing one's self-presentation can hide previously known stigmas, but the individual is *discreditable* if the stigmas are revealed (Goffman 1963).

Stigmas disrupt the smooth flow of interaction by their very presence, leading the discredited and discreditable individual to be hyper-aware of the demands of the social situation, expending more energy on impression management. They are always “on,” Goffman writes, “calculating . . . the impression [they are] making” (1963, 14, 18), bracing themselves for interaction, which makes all participants uneasy. The social response to stigma creates an enormous cognitive and emotional load for the stigmatized, potentially leading to avoidance of social situations, depression, anger, and confusion (Goffman 1963).

Class and relative deprivation

Students lacking middle-class economic, cultural, and/or social capital are often stigmatized and experience *relative deprivation*. Relative deprivation refers to an

awareness that others have something one does not – a higher income, a nicer computer, or better clothing. Even if their basic needs are met, individuals experience the feeling of being entitled to, and deprived of, what the other person has (Runciman 1966, 10).

Relative deprivation involves two groups: a reference group an individual identifies with and compares themselves to, and a normative group on which they base their habitus. Theoretically, individuals have a choice of reference group (Runciman 1966), but when the middle-class lifestyle is held up in US culture as the standard of success, there is little choice of normative group. “A person’s satisfactions, even at the most trivial level, are conditioned by . . . expectations,” Runciman (1966, 9) writes. Ironically, people are less discontented with their lot in life if they have little reason to expect or hope for more. However, because the middle class is held up as the standard, it “imposes an outlook” of relative deprivation for individuals who do not measure up (Runciman 1966, 12).

First-generation and other marginalized/stigmatized students often struggle with the unfamiliar habitus of the university, experiencing deprivation relative to their reference groups – classmates, faculty, and degreed professionals. Many schools provide educational necessities, allowing students to manage their self-presentation while broadening their cultural and social capital. In the pandemic-enforced transition to remote learning, however, students lost access to necessary resources. Also, some choices made by faculty and administration (see Sanford, Blum, and Smith 2021 in the companion volume) stripped vulnerable students of resources and impression management tools, potentially revealing stigma and damaging social capital.

Higher education during the COVID crisis

At the onset of the crisis, many professors and administrators seemed more concerned about maintaining a fiction of middle-class habitus: Insisting on a real-time, synchronous class schedule; increasing student workloads; and expressing increased concern about academic integrity. Students experienced these efforts as relative deprivation and attacks on their already limited ability to manage their self-presentation, and as evidence educators were unaware – or uncaring – of the issues they faced. Meanwhile, faculty and administration expressed frustration as their efforts to maintain the fiction failed many students, revealing previously hidden inequities. Students experienced the disconnect between their actual and expected habitus as indicators of personal inadequacy – a feeling they would never measure up. These actions did not meet student needs.

In considering how to best meet the current and future needs of all students, we need to consider access “in all its dimensions: technological, intellectual, personal, financial, medical, educational . . . [a]nd cognitive,” as well as physical and emotional distress (Davidson 2020). Pedagogical choices made in spring 2020 revealed inequities of technology, environment, and time for marginalized and stigmatized students.

Inequities of technology

Since the early 1990s, higher education has encouraged faculty to use LMSs to manage grades, act as a repository for course content, and often to deliver content or assignments. Although LMSs were not universally employed by faculty prior to the pandemic, their availability provided a platform most students were already familiar with. LMS use created the illusion of equity, but this was not the case. Instead, the pandemic exacerbated relative deprivation for students with lower access to economic capital and damaged their ability to gain cultural and social capital, as well as their ability to manage their self-presentation.

As detailed previously, economic struggle has become the norm, rather than the exception, among college students – a condition worsened by the pandemic. With campus closures, students lost access to campus-wide wireless internet access and computer labs. Students enrolling in online courses are expected to have access to the appropriate technology, but students who chose brick-and-mortar classes expected to rely on brick-and-mortar resources, preserving their self-presentation as conscientious college students. When those resources became unavailable, many were left to struggle with internet access that was slow, unreliable, or unable to accommodate the strain of children, college students, and parents all working from home at the same time. Although some for-profit companies stepped up to assist (Goss 2020), their help was not uniform across the country. In some places, internet access remained largely inaccessible (see Parsons 2021, in this volume, for more discussion on spatially concentrated forms of inequity).

One of the strengths of digital teaching platforms is the array of technology available for instruction, including live video chat meetings, a choice wildly popular among administration and faculty because it preserved a sense of face-to-face instructional habitus during the crisis. For example, the popular Zoom platform reported a rise from 10 million global daily meeting participants in December 2019 to over 200 million in March 2020 (Yuan 2020).² Zoom allows meeting attendees to telephone into a meeting, theoretically allowing any student to attend, regardless of their internet connection. Unfortunately, some institutions and faculty insisted students attend live class sessions with video enabled, with some faculty saying they “need” to see their students to teach effectively (regardless of student need). The lightest possible digital load for a course, however, involves just the opposite of high-bandwidth synchronous video: small, low-tech options like quickly downloadable files or low-bandwidth streaming. Demands for high-bandwidth content delivery resulted in inequitable access for vulnerable students.

Students with adequate wireless internet likely had the ability to attend synchronous classes; a variety of personal technologies can now support videoconferencing software. Companies like Google offer free access to word processing and other programs students often use in lieu of purchasing expensive software packages. However, students still require access to computers and often printers to produce coursework. Technology also changes rapidly, and this caused problems for students with outdated computers. Campuses provide computer labs and printers

and purchase high-volume licenses for computer software to install on campus machines. But even when a university provides the software directly to students, their personal computers may not be sufficient to install and run the program.

Losing access to campus resources exacerbated inequities for students without the funds to purchase adequate wireless access and personal technology and hindered their self-presentation – their ability to submit their best work. Students willing to reach out to faculty to ask for leniency or assistance risked revealing stigma, particularly when faculty insisted on explanations instead of simply building more flexibility into their classes.

Inequities of environment

Campus closures varied nationwide, affecting students' ability to "[balance] work, school and family obligations" (Bidwell, Grether, and Pederson 2021). Some campuses asked students to leave campus housing; others encouraged students to vacate but remained open for those who wished to stay – in part due to the needs of international students and those for whom closing campus housing would leave them homeless. Variations in economic capital resulted in inequities of environment: Students with less economic capital are more likely to live in shared housing or, if returning to family homes, smaller, more crowded living spaces and potential sharing of technology (if available at all). For those living with numerous roommates or family members, all in quarantine, finding quiet space – or even desk space – for academic work became nearly impossible.

Face-to-face instruction allows students to manage access to their back stage and present themselves as having equivalent capital in the classroom. Inequities of environment exacerbated relative deprivation and, potentially, students' cultural and social capital. Requiring students to turn on cameras during synchronous video sessions resulted in a serious loss of privacy, opening a window into students' private lives: The front stage intruding on the back stage. For students actively attempting to manage stigma – whether others attend to it or not – the result is a heightened cognitive and emotional load and educational disruption. For example, during synchronous class meetings, a student living in shared housing visibly winced when roommates flushed the toilet; clearly, the live recording of back-stage behavior in a shared living space (over which the student had no control) was distressing to this student. Other students were never able to attend synchronous classes without others physically present in the room, resulting in the need to be simultaneously aware of their back and front stages. In one dramatic incident in our teaching groups, a professor witnessed a partner's aggressive and dominant physical display during video chat. Revealing a student's living conditions, whether environmental or interpersonal, creates a situation where students have no good options – either they defy the professor or their home environment is revealed in ways that stigmatize and harm their social capital.

Finally, in an attempt to maintain control in the face of an uncontrollable situation, some faculty demanded that students attend course sessions and maintain

rigid assignment deadlines. For students with reduced access to technology, poor home environments, or physical and/or mental health issues, these requirements resulted in forced disclosure of potentially stigmatizing information. Mental health issues – which in spite of recent attempts to change public perception remain highly stigmatized – increased dramatically with the COVID-19 crisis. An April 2020 survey of college students revealed that mental health had been negatively affected for 80% of the respondents, with 20% reporting that their mental health was much worse than prior to the shift. Over 90% of all respondents experienced difficulties with stress or anxiety (Active Minds 2020). Quarantine was especially damaging for students with preexisting conditions, for whom routine, the ability to exert control over their surroundings, and interaction help them manage their disorders. Some students simply “disappeared” from courses. Many others were forced to disclose stigmatizing information to faculty and/or classmates in order to successfully complete the course. For these students, increased difficulty with day-to-day functioning resulted in more difficulty with self-presentation.

Inequities of time

As noted earlier, most college students work at least part time. Undergraduates tend to work low-paying jobs in the service industry, and many of these workers were deemed “essential.” These employees worked more and longer hours as stores filled with panicked, suddenly quarantined customers. Students in nursing or other medical fields worked long hours on the front lines. Due to K–12 schools closing and the shift to working from home, college students with children, younger siblings, or other caregiving responsibilities suddenly lost most, if not all, of the time originally dedicated to education (see Milkie 2021, in the companion volume, for a discussion of parental stress resulting from the pandemic).

A vocal proportion of faculty view online education as subpar but were forced by the crisis to use online tools they had long avoided. Many faculty members added readings and assignments because they lacked the experience to appropriately gauge workload for online courses and mistakenly assumed students suddenly had large amounts of “free time” (or that they needed to replace face-to-face contact hours with additional work). In general, faculty “underestimated the degree to which students were concerned about adequately meeting these demands” (Bidwell, Grether, and Pederson 2021). However, as discussed previously, students were traumatized and struggling and found additional work overwhelming, increasing their stress levels.

A strength of online learning is the ability for students to schedule coursework around other duties. Under appropriate circumstances, synchronous course sessions have pedagogical value; however, some faculty and administrators required synchronous classes simply for the sake of approximating a “normal” college class. Faculty and administration demands for synchronous learning resulted in students spending hours each day sitting at their computers at assigned times. Students

experienced fatigue, difficulty attending to the class, and difficulty in completing coursework.

As with inequities of access to technology and environment, inequities of time affected students' ability to complete and submit their best work and made learning more difficult. These difficulties resulted in a decreased ability to control self-presentation and display appropriate cultural capital, likely hampering the development of social capital. In short, marginalized and stigmatized students experienced the shift to remote instruction, and professorial and institutional expectations, differently from their non-marginalized classmates (Mungo 2021), with both short- and long-term social and educational consequences.

Conclusion

When higher education moved to emergency remote instruction in the spring of 2020, the disruption was widespread. Previously hidden or managed inequities of technology, environment, and time were revealed to professors and classmates. For many students, the relative deprivation laid bare by this shift caused several types of damage: the ability to learn, to maintain and increase cultural and social capital, to manage self-presentation and stigma, and to maintain the standards and expectations of a middle-class habitus were all negatively affected in ways beyond their control. In many cases, these students felt blamed and stigmatized by faculty and administrator responses to their efforts to succeed during an international pandemic.

National surveys show overwhelmingly students are not happy with the instruction they received in the spring of 2020, and they want to return to campus (Beschloss 2020; Krupnick 2020; Simpson Scarborough 2020; Top Hat 2020). Students have been criticized as simply wanting to “party,” but this criticism ignores the other things students gain from an on-campus presence: cultural and social capital. Well-planned online courses can also help students create capital, but well-established patterns of behavior and opportunities (habitus) on-campus provide far more, and more ready, opportunities to do so. For students carrying the stigma of poverty, abuse, or mental illness, the methods employed in the spring 2020 semester invaded students' back stage and stripped them of their ability to manage their self-presentation and ability to gain cultural and social capital. For the higher education system to fully meet the needs of diverse students, these inequities must be taken into account and, in the future, addressed.

For years, detractors of online learning have argued it risks destroying face-to-face instruction, that students will not want to attend the brick-and-mortar campus if they can simply stay at home and learn online. The COVID-19 crisis has shown these instructors have nothing to fear: Although online learning offers flexibility students appreciate, the student body prefers being on campus. There is no “groundswell of interest in abandoning a traditional, residential college experience in favor of an online degree program. . . . Students understand, or at least have

bought into, the value of the in-person experience” (Art and Science Group LLC 2020). Campuses provide tangible goods and services many students cannot access on their own, as well as stable housing, adequate space to focus on their studies, and the ability to access resources. For some, the physical campus provides the location from which individuals with stigma can shed their old identity and consciously create a new one, “like a butterfly, emerging to try brand new wings” (Goffman 1963, 79–80). In a society immersed in middle-class habitus, where college is seen as the primary means to achieve or maintain that status, the higher education system has a responsibility to ensure, at minimum, students are not damaged by alternate instruction. We should instead be constructing courses that are mindful of students with different access to technology, that allow students to manage the window into their back stage, and that have the flexibility to accommodate students with a variety of responsibilities.

Notes

- 1 We note that at no time do we use identifying information from these groups, as they are “private” and therefore not accessible publicly.
- 2 These numbers reflect “over 90,000 schools across 20 countries” (Yuan 2020), including primary education.

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12

BUSINESS AS USUAL

Poverty, education, and economic life amidst the pandemic

Ryan Parsons

In late May I logged into a Zoom meeting (one of many that I had that week) for a quick orientation training for the Leadership Summer College (LSC)¹, a summer program that offers college-credit coursework to high school students in Central Delta County and nearby communities in the Mississippi Delta region. Several high school students joined the orientation call to offer their thoughts on online learning – all of the public schools in the region had closed over spring break, leaving students to make do with spotty internet access and content provided by for-profit companies like Edgenuity. One of the LSC’s site directors acted as moderator.

“What has your experience been with online learning so far?”

Most of the students on the panel demurred – *It was fine. Lots of busy work.*

“What were some things that your instructors did to excite you?”

Rodney, one of the stronger students in the program, tried to chime in:

“M- m- m- m- reeeeeeeeeaaaaaddddiin-in-in-in-ngggggg”

“Your reading class? Rodney man we’re having a hard time hearing–”

“... wwwaaaaassssss . . .”

Rodney continued to talk, only to have his answer translated into the metallic reverb of a bad Zoom connection. His video feed had been frozen in place for several minutes – the dimly backlit frame of a young man in his bedroom, trying to further his education with whatever data connection he could get in his small town near the Mississippi River. This was the second year I had taught with the LSC, a program that normally offers onsite, in-person programming for five weeks of full-day coursework and other programming. The technological limitations that presented themselves as the program shifted to online education are emblematic of a deeper challenge facing communities like Central Delta as the world grapples with the 2019 novel coronavirus (henceforth, “the coronavirus” or “COVID-19”).

The Delta is one of the United States' poorest and most rural regions, and its infrastructure has struggled to survive decades of persistent poverty, persistent outmigration, and persistent racism. While scholars have noted that the virus itself has had disparate impacts on people on the basis of preexisting inequalities (Nanda 2021, this volume; Ahmed et al. 2020; van Dorn, Cooney, and Sabin 2020; Laurencin and McClinton 2020; Power et al. 2020), the rapid *response* to the pandemic (both restrictions and support) run the risk of reproducing inequalities as well. In this chapter, I draw on more than two years of ethnographic fieldwork (including four months during the coronavirus pandemic) to document the role of pandemic response measures in exacerbating underlying structural inequalities. I argue that blanket responses to the pandemic function to reproduce, or even intensify, spatial inequalities within states or regions because of the conditions of vulnerability in regions of concentrated disadvantage. These blanket policies impose obligations on vulnerable communities that must be enacted by already-strained institutions. The second- and higher-order impacts of these policies are likely to persist well beyond the formal duration of the pandemic. The chapter proceeds as follows: I begin with a brief overview of the theoretical foundations for the chapter's argument. I then provide an introduction to Central Delta County and the methodology that structures my fieldwork there. In the empirical component of the paper, I pay special attention to the role of "essential workers" and the educational institutions that support their children.

Vulnerability and spatial inequality

This chapter centers the concept of "vulnerability" as a feature of persistently disadvantaged communities that structures spatial inequalities. Recent work by Edin and Shaefer (2020) conceptualizes vulnerability as an index of factors like poverty and mobility rates and life expectancy. This framework extends work by scholars, such as Desmond (2015), who describe the "severe deprivation" experienced by many of those living in poverty; in this framework, the cumulative experience of multiple markers of disadvantage (lower incomes, chronic health conditions, etc.) is greater than the sum of the individual effects. In this chapter, when I use the term vulnerability, I refer to the ways in which spatiality concentrated, overlapping, and historically cumulative forms of disadvantage exacerbate the risks associated with both exogenous sources of strain and the implementation of policy responses. Similar conceptions of vulnerability have been used to describe the risk posed by abrupt natural disasters like hurricanes (Morrow 1999); here, I apply this framework to the slow disaster of COVID-19 and the hastily assembled policy response.

Regions like the Mississippi Delta, one of the poorest parts of the United States, suffer from several sources of disadvantage and vulnerability. The most notable and pervasive is racism – the Mississippi Delta, like much of the rural Deep South, has a long history of slavery, sharecropping, Jim Crow laws, White supremacist violence, and other forms of evolving exploitation of the region's Black majority. As a result,

the region has experienced high rates of poverty and health disparity for most of its history. Similar patterns are found in Appalachia, small towns in the Midwest and Rust Belt, and other parts of the country shaped by extractive industry and deindustrialization (Duncan 2014). One of the most significant factors contributing to the region's vulnerability has been depopulation. The Mississippi Delta has lost more than half of its population since its peak in the 1940s. Much of this depopulation has been driven by structural factors (Johnson and Lichter 2019). The rapid mechanization of agriculture after World War II meant rapid job loss; each modern tractor could do the work of hundreds of tenant farmers. Structural reasons to leave the region were aggravated by the ongoing racial terror experienced by Black Southerners. The Great Migration, the long-term movement of Black Southerners to the North, was just as much a response to racism as it was to changing employment opportunities (Wilkerson 2011).

This depopulation has had significant impacts on the communities that migrants left behind. Because this sort of migration selects on human capital and educational attainment, rural Black Southerners who had the skills to find non-agricultural jobs were the first to leave (Tolnay 1998; Collins and Wanamaker 2015). This population loss continues today, but it is not strictly unidirectional – all of the informants in my research had either lived in a Northern or Midwestern city themselves and returned to the Delta or had close family in these parts of the country. Persistent depopulation has weakened the ability of local institutions to combat structural challenges like the coronavirus. While other Black communities in southern cities that experienced population growth were able to nurture a civil society that served as a bulwark against the Jim Crow regime (e.g., Sturkey 2019), the shrinking towns of the Mississippi Delta have had to do more with less.

The Mississippi Delta of the present, then, is the product of decades of decline and structural racism. Other, more recent, policy decisions have contributed to this vulnerability. The Affordable Care Act eliminated reimbursement programs for hospitals treating uninsured patients under the assumption that Medicaid expansion would more than make up the difference. Because Mississippi failed to expand Medicaid, many of the hospitals in the rural Delta are on the verge of financial collapse. Similar patterns are unfolding in public education. Despite implementing a binding funding formula for the state education budget in 1997, the Mississippi legislature has rarely allocated the funds prescribed by that law. The Mississippi Delta has also failed to transition from an agricultural to an industrial or service economy. While wealthy landowners have been able to extract wealth from the region's fertile soil uninterrupted, the lack of new industry has produced a weak tax base for the region's small towns and scant employment opportunities for a majority of the population. The aggregate effect of these historical forces and policy decisions can be seen in work like that of Chetty and Hendren (2018), who compute causal estimates of American counties on upward mobility. Fewer than 5% of children born into the bottom quartile of Central Delta County will move into the top quartile, and on average those children's incomes will be \$4,500 less than

similarly disadvantaged families nationwide. The net result of these forces is a community marked by vulnerability that is unable to adequately handle the social and community strain of a pandemic and its attendant fallout – lockdown and quarantine procedures (and the reduction in public and institutional life they engender) create strain on both families (Trnka and Davies 2021, this volume) and those who find themselves alone (MacArthur 2021, this volume; Porter 2021).

The remainder of this chapter explores how these conditions of vulnerability are being felt in the responses to the COVID-19 pandemic. I focus on the case of Central Delta County, with special attention to the ways in which low-income workers and their school-age children are adapting to pandemic policy. The underlying fault lines that contribute to the region's vulnerability are manifest in the disparate impacts that the coronavirus response is creating – beyond the immediate risk to residents' health and the integrity of the healthcare system, the second- and higher-order effects of coronavirus response risk creating an even more unequal community. The following section provides an overview of Central Delta County and the present impact that COVID-19 pandemic has had there.

COVID-19 comes to Central Delta

Central Delta County lies in the heart of the Mississippi Delta region, one of the most consistently impoverished parts of the United States and a region marked by persistent population loss. The layout and distribution of people in Central Delta County, with a population of around 15,000 (down from a 1930s' peak of 70,000), is typical of many Delta counties: a county seat holding most of the population, a few hamlets and villages in the surrounding fields, and the odd farmhouse or trailer dotting the roads that crisscross the county. Central Delta's main source of vitality has always been agriculture – even as the pandemic arrived in the county, the region's wealthy farmers had begun to plant this year's crop of genetically modified soybeans, rice, and cotton. The county is one of the poorest in the United States – the poverty rate hovers around 30%, with more than 15% living in deep poverty (household incomes of less than half the federal poverty line). The county has always been majority Black, with the current Black population representing 70% of the total. Despite its dominance in the local economy, few people's lives are actually directly tied to agriculture; the rapid mechanization of agricultural labor that followed World War II resulted in permanent job losses. The remaining White elite farmers are similarly disconnected from the rest of the population – most landowners spend their free time in cities like Memphis. Nearly all White children attend small “segregation academies,” (cf. Champagne 1973) resulting in a complete resegregation of education in the region (Fiel and Zhang 2019). Many landowners are not even personally connected to the work of agriculture; by leasing out land to Monsanto or other agribusiness conglomerates, Central Delta landowners are able to convert inherited wealth into passive income. In short, life in Central Delta and its neighboring counties is a story of two overlapping “worlds apart” (cf. Duncan 2014).

This chapter draws on a long-term ethnographic study of barriers to economic mobility in communities like Central Delta. As part of my fieldwork I have embedded myself in churches, civic organizations, educational institutions, and family service providers. My involvement with these organizations has allowed me to form relationships with families around the county. I was in the midst of fieldwork when the coronavirus was officially declared a pandemic – by mid-March, schools had cancelled in-person classes and businesses were struggling to adapt to ever-changing regulations and social norms. The data for this chapter come primarily from two sources: informal assessments of the private sector’s response to COVID-19 and my work with the Leadership Institute, an afterschool and summer program that serves public school children in Central Delta county. During the summer, the Institute organizes the Leadership Summer College. The program is normally a full-day, five-week summer camp that offers college-credit courses for high school students. For the 2020 summer, however, the LSC collaborated with partner organizations in surrounding counties and moved to online classes offered through Zoom. By leveraging my preexisting relationship with these students, their families, and their communities, I am able to not only capture their experience with the coronavirus pandemic but also to contextualize those experiences as part of the larger processes at work in their lives.

The first case of COVID-19 was reported in Central Delta on March 23, 2020, just a week after schools had closed for the year. The immediate response from city and county officials was measured: “The City of Indianola currently does not have a plan to lock the city down in the next 48 hours,” the mayor of the county seat said in a statement to the county’s weekly paper, “the information circulating on Facebook is inaccurate. I can confirm we do have our first case of the COVID-19 virus. We ask again . . . if you don’t have to travel please don’t. When you do, keep your distance.” By the middle of August, the number of reported cases had risen to more than confirmed 1,000 (4% of the county’s population) with a mortality rate of 2.7%. Black residents were disproportionately impacted – White patients represented just 8% of total cases and 15% of deaths, despite making up 20% of the county population. This case count, relatively small compared to outbreaks in more urban settings, belies the risk the pandemic posed to both vulnerable populations and institutions; nearby intensive care units (ICUs), for example, have been at 100% capacity for months. In the following two sections, I describe how some of the measures implemented as a response to COVID-19 further exacerbated these inequalities by failing to account for underlying structural inequities in the county.

Business as usual?

I drove around Central Delta’s county seat on a warm sunny day in mid-April to get a sense of how the city felt amidst the lockdown orders that had been announced by the governor of Mississippi a month prior. Shelter in place orders had been in effect for about five weeks at this point and schools had been closed since spring break; this visit came just days before the shelter-in-place order was replaced by

“safer in place” guidelines. It was one of the nicest times of year in the Delta in terms of weather – the sky was overwhelmingly blue, and the temperature hovered comfortably between 50 and 70 Fahrenheit. The large fields that take up the space between settlements have just a bit of a wild look – weeds and flowers have spread in the last few weeks before the tractors come out to upend the wild growth and plant new rows of corn and soy. The highway medians are decorated with patches of delicate morning primrose, their papery pink petals catching the cool breezes.

Most of the businesses in Central Delta County are clustered along a two-mile stretch of the highway that bisects the county seat and runs from the Mississippi River in the west to Alabama in the east. While the smaller towns and hamlets around the county have the occasional gas station or corner store, most of the shopping and public economic life of the county is concentrated here. I drove by each of these businesses to assess how and to what extent they had adapted to this order. I also noted whether the business was part of an out-of-state corporation or a wholly local company. Finally, I assessed the extent to which each of these businesses served a predominately low-income clientele. This audit covered businesses that serve the general public on a “drop in” basis; I excluded establishments such as insurance offices or specialized medical facilities that would have required an appointment or were otherwise shielded from casual foot traffic. In total, I visited all the businesses that met these criteria (just under 100). Whenever I entered a business, I wore a face mask and maintained a six-foot distance from anyone else in the store, in addition to any additional measures required by each business. This review of public economic life in Central Delta County served two goals: to assess the differential impact on “essential workers” and to measure people’s compliance with social distancing guidelines.

The state’s mandate required all nonessential businesses to close – this excepted grocery stores, restaurants that could offer take-out or delivery, banks and other financial institutions, and a handful of other service providers. In practice, only three businesses closed completely: two locations of a national clothing chain and a 24-hour gym. Many local retail businesses, such as florists and boutiques, remained open for curbside or by-appointment shopping in apparent defiance of the state order. About a third of businesses were targeted towards lower-income populations, including predatory financial institutions, dollar stores, and laundromats. The rest (for example, Walmart, fast-food restaurants, gas stations) served a general audience. Approximately half of the businesses in the county are wholly local establishments.

In general, businesses that serve a broad clientele and which are part of national corporations offered stronger protections for both workers and customers. The town’s McDonald’s represents a typical case. The lobby closed completely in mid-March and has remained close. The drive-through windows were reinforced with a large sheet of plexiglass, leaving a small opening at the bottom through which cashiers pass a PIN pad to customers or receive cash. Employees wear masks and gloves and have bottles of hand sanitizer near the cash register. While employees

are subject to more risk than they would otherwise face if they were able to stay at home, the protections provided by places like McDonald's represent a much more conscientious approach than that found at local establishments like the budget grocery store that shares a shopping center with McDonald's – aside from some signage encouraging people to wear face coverings and maintain social distancing, there was little to no change in the day-to-day experience of shopping there. The lack of response was particularly egregious in dollar stores. Of the four such stores in town, none had posted guidelines for mask or social distancing practices, restricted hours or occupancy rates, or barriers to protect cashiers.

The starkest divide in protections for employees and clients was in services (particularly financial services) rather than retail. The Farmers' Bank and Trust, housed in a large plantation-style building and specializing in commercial and agricultural finance, had completely closed its lobby and was operating on an appointment-only basis. By contrast, the dozen predatory lending institutions in town (payday lenders, check cashing establishments, and title loan operators) were essentially operating as normal. Most had signs encouraging masks and social distancing, but none had official restrictions on the number of clients allowed inside at a time. Each of these establishments is already compact, with almost no room for waiting clients to maintain any meaningful distance from one another. One payday lender had set aside an hour each Wednesday morning that was reserved for senior citizens only. Cell phone providers followed a similar pattern; budget carriers like MetroPCS continued to operate as normal, while mainstream carriers like Verizon had closed and directed customers to either conduct business online or travel to a larger store several counties away. With few exceptions, the implied poverty of both customers and employees was associated with higher risk of exposure. The mismatch between measures taken by local businesses and those adopted by branches of national chains suggests that state-level mandates had only a limited impact. That is, national corporations tended to impose stronger protections than the state.

These patterns of inequality draw attention to the role that “essential workers” play in this pandemic and the necessity of analyzing that category as a social construct and a category marked by structural disadvantages like poor access to paid sick leave and workplace protections (Lancet 2020). The essential workers in Central Delta are overwhelmingly Black and low income. Many of them are parents to school-age children and are in sudden need of childcare. By uncritically assigning workers into “essential” and “nonessential” categories, the pandemic response has required vulnerable workers to prolong their exposure to risk while allowing the professional class to work from home. In Central Delta, this division maps on to racial divisions within the community. Of the businesses I encountered in the survey described earlier, only Walmart had any White employees. The rest were Black, and a majority were Black women.

About a month after my initial review, I revisited these sites to assess how businesses had adapted to the “safer in place” guidelines. That day was the worst in terms of recorded cases so far, at more than 450 new cases reported across the

state. The roads into town were starting to show signs of farming – mostly cotton and soybean plants, which are difficult to tell apart early in the growing season. In town, Walmart was the only establishment that still had any measures in place. As I walked around the store, employees unpacked new signage that directed customers to travel only one way down each aisle. Almost no customers (and no White customers) were wearing masks. Business had, essentially, returned to a façade of normalcy.

Learning in the pandemic

One day in early April I jumped into a Zoom meeting of the Leadership Institute's college prep class. The class was discussing the nuances of financial aid – grants versus loans, internal scholarships, external scholarships, cost of attendance, the Free Application for Federal Student Aid (FAFSA), and the countless other bits of jargon and procedure that make the prospect of going to college feel hopelessly overwhelming. The Leadership Institute, which provides afterschool education, college prep seminars, summer learning opportunities, and fitness and nutrition programming, is normally an important supplement to the education provided by the county's chronically underfunded schools. The LI had done its best to continue offering online programming as schools around the region shuttered for the rest of the semester. While the LI's college prep adviser tried to keep the rest of the class on task, I worked through Zoom's private chat function to check in with students, mute distracting background noise, and deal with any specific issues that students were having. Aaliyah Baxter (AB in the chat below), one of the LI's most dedicated students and a high school senior, was struggling to understand why the financial aid office at one of Mississippi's flagship universities was avoiding give her a clear answer about the status of her financial aid package. Our interaction, interrupted by asides to her friends LaTonya and Tiffany (LK and TS in the chat below, respectively) was captured in Zoom's chat log:

ryanparsons to LK (Privately): Can you mute your mic when you aren't talking?

ryanparsons to AB (Privately): What was your ACT score?

AB to ryanparsons (Privately): 20

ryanparsons to AB (Privately): You should get the HELP grant too right?

AB to ryanparsons (Privately): ummm my gpa dropped bc i am failing a class

ryanparsons to AB (Privately): Oh ok

ryanparsons to AB (Privately): this semester?

ryanparsons to AB (Privately): Maybe it won't count because of the coronavirus

AB to ryanparsons (Privately): last semester and haha

ryanparsons to AB (Privately): how close are you to a 2.5?

ryanparsons to LK (Privately): Can you mute please?

AB to ryanparsons (Privately): like a 2.47

ryanparsons to AB (Privately): Maybe that's why they want to wait for your financial aid, to see if you get up to a 2.5

ryanparsons to AB (Privately): Are you mostly As and Bs right now?

AB to ryanparsons (Privately): yeah i still have that class though and i can't seem to pass it

ryanparsons to AB (Privately): spanish ii?

AB to ryanparsons (Privately): no earth science

ryanparsons to TS (Privately): www.howard.edu/admissions/tuition-fees

ryanparsons to AB (Privately): Is it the concepts that are giving you a hard time or the teacher?

AB to ryanparsons (Privately): the teacher

Aaliyah's issue, in short, was that she was unable to qualify for a full tuition grant because her high school GPA was a 2.48 rather than a 2.5, and her GPA was suffering from a challenging experience in an earth sciences elective. In a normal semester, this issue could be addressed by adding extra tutoring at the Leadership Initiative and reaching out to the earth sciences teacher to see if any extra credit might be possible – after all, raising a GPA by .02 points should have just been a matter of doing well on a few more tests. However, pandemic conditions had hit the Delta's schools harder than elsewhere in the state. While wealthier school districts in White flight suburbs of Jackson and Memphis were able to provide iPads and other tools that ensured synchronous learning and formal assessment could continue, the cash-strapped schools of Central Delta had instead sent home packets of worksheets that would be ungraded – students were expected to teach themselves the latter half of the spring semester while accepting their grades from the first half.

The decision to close schools in the face of the pandemic was a natural one. School environments are natural places for infections to spread, as evidenced by the annual flu epidemics that keep some students home each winter. However, the abrupt disruption to students' education has already had disparate impacts structured by the underlying inequalities in education, both in the Mississippi Delta and nationwide (Kozol 2012; Tieken 2017). Mississippi in particular has long struggled with inequity in education; following desegregation orders in the 1960s and 1970s, most White students left the public school system for small, recently founded "segregation academies." Today this parallel system remains the default in places like Central Delta – Aaliyah and her peers have no White classmates and very few White teachers. The academy, by contrast, is 90% White and managed to abscond with some of the public school system's property during the 1970s. The persistent lack of investment in district's like Central Delta is felt in the basic infrastructure of the schools. Central Delta High School, a sprawling campus of small buildings connected by covered walkways, frequently floods during the heavy rains that come to the Delta each summer and fall. Last spring, the school's AP biology class spent a few weeks of class time digging ditches to mitigate some of this flooding.

Aaliyah and her peers went home for spring break in an already-disadvantaged position relative to the students at wealthier schools in the state and "returned" to school two weeks later facing an even larger gap. As with the earlier analysis

of essential workers, the blanket restrictions and remedies imposed on spatially unequal contexts like Mississippi are making underlying structural inequities even wider. Even in a scenario in which formal education were to continue remotely, the transition to online education makes strong assumptions about students' ability to access internet service of sufficient quality and ignores the many inequities that influence both technological access and the cultural capital necessary to make online learning a success (Smith, Sanford, and Blum 2021, this volume). The telecommunications infrastructure of the Delta is noticeably worse than in other parts of the state (Lentz and Oden 2001), leaving some Mississippi Delta parents resorting to sitting in parking lots and using public WiFi networks to help their children continue their education (Harris 2020). The second- and higher-order effects of these policies are already starting to take form. Aaliyah's frustrations started to boil over in a Leadership Institute college prep seminar in early May (led by the Leadership Institute's college prep advisor, OP in the transcript below):

AB: Wait can you still see me [when someone else is the Zoom host]? That means I gotta be watching what I'm doing.

OP: Y'all should be doing a scholarship. Y'all ain't doing nothing. Find some money.

AB: I'm being realistic. Ain't you always telling me to be realistic? Ain't nobody gonna give me money.

Frustrated with her GPA and the opaque financial aid machine at her flagship school of choice, Aaliyah eventually decided to attend a regional university instead with a less generous aid package than she would have been entitled to under better conditions.

Conclusion

Throughout my time living through and assessing Central Delta County's practices of everyday life, I have also been following the "elite" conversation shared by local conservative elites. The editorial page of the *Delta Times*, one of the region's few remaining daily newspapers, is embroiled in a written war over how much caution the economy can take – in the early days of the shutdown letter writers from conservative groups in Jackson lambasted "modelers" for their supposed inaccuracies. The conversation on talk radio operates at a more extreme level. An affiliate of a far-right Christian fundamentalist network that operates out of Central Delta builds a narrative that runs from the harsh to the conspiratorial. The morning talk show sticks primarily to a discussion of how wrong the models have been and how absurd it was to voluntarily shutdown the economy. By noon, a different host and ordained minister dips his toes into the conspiratorial: the coming vaccine is being funded by Bill Gates, a proponent of population control who allegedly pumped African vaccines full of abortifacients in order to reduce population growth there.

Central Delta County is divided along both class and race lines. The class boundaries in place mean that low-income workers are least able to protect themselves – because most of the jobs in Indianola are ostensibly essential, these workers are still expected to be in public and are unable to take advantage of the expanded unemployment insurance provided by Congress. The Whites who make up the middle class and the elite are, by contrast, largely protected from mandatory public interaction. At the same time, they are being exposed to a broad range of messages that downplay the risks of COVID-19 – a broad range that appeals to an assortment of religious and political identities. The response to COVID-19, both in the public mind and in public policy, has latched onto the underlying divisions that had already produced spatial inequalities in the region. By ignoring these spatial disparities, the broad implementation of pandemic response policies risks creating downstream effects that will serve to widen the gap between the two sides of the track in town. In forcing vulnerable “essential workers” and overburdened public school students to manage the pandemic on their own, the social response to COVID-19 extended a public health challenge into a socioeconomic crisis.

Note

- 1 The names of people, places, and organizations in this chapter have been altered to protect the privacy of my informants.

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13

INFLECTION POINTS

The intersection of COVID-19, climate change, and systemic racism

Jill Betz Bloom

The coronavirus pandemic is a vivid reminder of just how interconnected the world is. Global populations are united by a shared vulnerability to this invisible virus, just as they are by the unseen causes of climate change. COVID-19 and the climate crisis, too, have exposed the deep structural inequities among low-income populations and communities of color, disparities that put these populations at a significantly higher risk to both crises. What is becoming painfully clear, amplified by the murder of George Floyd and the fact that there is no end in sight for this pandemic, is that the costs of transformative, intersectional, systemic action to address COVID-19, the climate crisis, and systemic racism are dwarfed by the costs of inaction.

In 1997, infectious disease epidemiologist, Donald Burke, listed three criteria for the kinds of viruses that might cause a new pandemic. The timing of his prognostication was not long after the outbreak of Ebola in the 1990s and one decade after the beginning of the AIDS epidemic. Since 1970, over 40 new viruses have emerged, some familiar, some lesser known, and many unknown. One could say that in a very short time in history there has been an *epidemic* of epidemics.

Burke's first criterion for the kinds of viruses that might cause a pandemic was recent pandemics – influenza and HIV. Second, he cited the demonstrated ability of viruses to cause epidemics in animal populations. This included the influenza viruses, in addition to *Hendra*, a virus that infected horses, and *Nipah*, a virus in flying fox bats, and, last, the *coronaviruses*. His third criterion was “intrinsic evolvability,” that is, the readiness to mutate and reassort, which he explained, “confers on a virus the potential to emerge into and to cause pandemics in human populations.” Singling out coronaviruses, Burke stated that these viruses “should be considered as serious threats to human health” (Quammen 2012, 512).

The coronavirus SARS-CoV (more commonly known as SARS), an epidemic that affected 26 countries with more than 8,000 cases and 774 deaths, was identified

five years later, in 2002. Warnings from virologists, epidemiologists, public health officials, and veterinarians, among others, consistently and unequivocally have echoed Burke's cautions. Granted, prediction is just that, yet in the years between 2003 and 2020 hindsight has been far from 2020. Many scientists have been on alert, but the world has turned a blind eye to these threats. In the middle of the current pandemic that has already infected millions of people with deaths in the hundreds of thousands worldwide, such blindness and lack of preparedness is difficult to comprehend. Can the failure to heed the warnings be understood as historical amnesia (Snowden 2020)? Were there more pressing issues that diverted the world's attention? Was this failure to acknowledge the potential risk an example of the modern scientific world we live in, characterized by historian of science Frank Snowden as an "era of exuberant hubris"?

Since Francis Bacon's *New Science*, published in 1620, the goal of science has been the control and domination of nature. Taming nature and contouring it to human wants and needs has consequences, and today's coronavirus pandemic is a consequence. COVID-19, like all pandemics, is not an accidental event. Epidemics, Frank Snowden reminds us, "afflict societies through the specific vulnerability people have created by their relationships with their environment, other species, and one another" (ix). Epidemics, in short, hold a mirror up to society. In what follows, I undertake an examination of these intersecting relationships by looking first at the *biology* of coronaviruses, followed by the *ecology* of human and animal environments, and, lastly, the *sociology* of health disparities. Today, due to globalization, dense urban population growth, and disruptions in the ecosystem, humans are more vulnerable to viruses than at any other time in history. Why, in this age of advanced medical technology, are humans more vulnerable, and why are some humans more vulnerable than others are the central questions I take up in this chapter.

Biology

The word *virus* comes from the Latin term for "slimy liquid" or "poison." Long before viruses themselves were detected, their effects were well known throughout the history of plagues. A virus is an infective agent or pathogen that can multiply only in living cells of humans, animals, plants, or bacteria. And just as natural selection has shaped the evolution of humans, animals, and plants, natural selection also shapes viruses, even though viruses are technically not "living," since they require a host to reproduce.

Significant challenges in the history of virology have been that until the invention of the electron microscope in the 1940s, viruses, unlike bacteria, were not visible. Viruses do not grow in a Petri dish, they only replicate in a living cell. A virus and its genome are small, about one-tenth the size of a bacterium; and due to the structure of viruses, modern antibiotics are ineffective. Science writer David Quammen (2012) explained that despite their small size, viruses are wily and effective,

and the genome is “simplified down to the bare necessities for an opportunistic, dependent existence” (267). The tasks a virus must accomplish are getting from one host to another, penetrating a cell within the host, commandeering the cell’s machinery to reproduce multiple copies of itself, and exiting one host, entering another, and surviving.

Zoonosis

In 2012, Quammen prophetically stated that zoonosis is “a word of the future, destined for heavy use in the twenty-first century” (21). He was not alone. Virologists at the Centers for Disease Control and Prevention (CDC) and the National Institute of Allergy and Infectious Diseases (NIAID), veterinary epidemiologists, ecologists, and field biologists have issued similar warnings.

Zoonosis occurs when a virus leaps from a nonhuman animal to a human, successfully establishing itself as an infectious presence that can cause mild or severe symptoms, or even death. Outside the worlds of virologists, veterinarians, ecologists, and public health officials, zoonosis is largely an unfamiliar word. Bubonic plague is a zoonosis, so too were the 1918 influenza pandemic, all influenzas, the swine flu, HIV, Ebola, SARS, MERS, Lyme disease, Marburg, and rabies (Quammen 2012; CDC 2020a; NIAID 2020). Different from predators that eat their prey from the outside, viruses are small and eat their prey from within. Under ordinary conditions, it is a natural occurrence. But, as Quammen (2012) pointed out, conditions are not always ordinary. Aberrations occur, circumstances change, and with them, the needs and opportunities for pathogens change, too.

Understanding zoonoses helps to explain the complexity of “emerging diseases” and helps us understand why diseases like dengue, yellow fever, and now COVID-19 have eluded medical science. Zoonoses make the fear of global pandemics clear. Scientists estimate that six out of every ten known infectious diseases in humans can be spread from animals, and three out of every four new or novel emerging infectious diseases in people come from animals (CDC 2020a).

When viruses jump to a new host, they often cause more severe disease. This is because viruses and their initial hosts have evolved together, and so the species has had time to build up resistance or immunity. A new host species, on the other hand, might not have evolved an ability to tackle the virus, and consequently has no antibodies to resist infection (Arden 2020).

Viruses are everywhere. RNA viruses are highly evolvable; they adapt quickly. If viruses are to survive, they must outrace the host’s immune system, take what they need, and then move on before a body’s defenses can defeat them. Once the virus lands in another host, it is its fast replication and high rates of mutation that provides it with enormous genetic variation that enables it to adapt to the new environment (Quammen 2012).

In the 20th century, emerging and re-emerging infections stimulated “a flurry of interest,” but Lederberg (1997) noted the complacency about infectious diseases

ever since the introduction of antibiotics, ushering in what Snowden (2020) referred to as *the era of exuberant hubris*, “a premature surge of optimism in the power of science and public health to combat microbes, declaring the end of the era of infectious diseases” (Snowden 2020, 6). Antibiotics and the development of vaccines led to the redirection of attention to chronic and constitutional diseases. The HIV pandemic that began in the 1980s caught the medical community off guard, pointing out that there were many more infectious agents in the world; for scientists and ecologists, this was not news. In many ways, as Lederberg pointed out, we are a very different species than we were 100 years ago. Despite the advantages of new technology and rising life expectancy, we are disadvantaged by rising populations and dense overcrowding that have created social, political, economic, and hygienic disparities. This density and disparity, coupled with mobility, has made humans even more vulnerable than before. Lederberg concluded, “we could imaginably adapt in a Darwinian fashion, but the odds are stacked against us” (418). Zoonotic novel coronaviruses confirm those odds.

To understand how zoonoses occur, it is instructive to contrast zoonotic viruses to nonzoonotic ones. Smallpox and polio viruses, for example, are not zoonotic – they *only* infect humans. Therefore, vaccines can permanently eliminate them because the viruses have nowhere to hide. On the other hand, zoonotic pathogens can hide. They hide in animals. Quammen (2012) explained, “that’s what makes them so interesting, so complicated, and so problematic” (22).

One of the least conspicuous strategies for a virus to “hide” is within what is called a *reservoir host*. Reservoir hosts, for example, birds or bats, carry the pathogen with little or no illness. Notably, and central to the relationship between COVID-19 and climate change, when biodiversity is high and the ecosystem is stable, pathogens can reside undetected within a reservoir host for centuries, without incidents of zoonosis. Inversely, disturbances in the ecosystem cause diseases to emerge (Quammen 2012). Some viruses require an *amplifier host*, a carrier that is an intermediate link between the reservoir host and another animal, such as mosquitos, ticks, horses, or pigs, in whom the virus pathogen replicates. Between outbreaks of diseases in humans, questions remain: Did the virus die off? Is it hiding somewhere else?

Emerging diseases

Tracking the source of a virus pathogen – reservoir host or carrier – is essential. In recent years, determining when and where the increasing number of zoonotic diseases have emerged has become urgent. In querying why and how these diseases spill from nonhuman animals into humans, what becomes abundantly clear is that these are not natural occurrences. Instead, they are the unnatural results of disturbances in nature (CDC 2020a; Lederberg 1997). Emerging diseases, Quammen (2012) asserted, “are not simply *happening* to us; they represent the unintended results of things we are *doing*” (39). Original in quote A full discussion of the ways in which human activity has disrupted nature will be explored in the following section on ecology.

Two essential points are related to the question, why now? First, human-caused disruptions to the ecosystem bring animal viruses into closer contact with humans. Second, human technology and behavior are spreading pathogens more widely and more quickly (Quammen 2012). In 2008, researchers at the Zoological Society of London reviewed 300 emerging infectious diseases and found that 60% were zoonotic and that nearly 72% of these zoonotic diseases were caused by pathogens with a wildlife origin. They concluded, “Zoonoses from wildlife represent the most significant growing threat to global health” (Quammen 2012, 44). Why some outbreaks of zoonotic diseases disappear without causing devastation and others go viral has to do with the virus’s transmissibility and virulence. Transmission is traveling from one host to another, and transmissibility is how that is achieved. For example, shedding the virus by coughing or sneezing makes the virus highly transmissible. Influenzas are well adapted for airborne transmission, which is why SARS and COVID-19 have had such high rates of transmission. Ebola and HIV, on the other hand, are transmitted through direct contact with bodily fluids; other viruses are transmitted by airborne vectors, mosquitos, or tick bites.

Coronaviruses

Coronaviruses are a large family of viruses. Hundreds of coronaviruses circulate among pigs, camels, bats, and cats. Four of the seven known coronaviruses cause only mild to moderate disease. Three can cause serious, even fatal, disease. SARS, which emerged in China in 2002, spread to 26 countries, infecting 8,000 people, with 774 deaths. SARS is thought to have originated from bats, with civet cats as the likely carrier. Middle East respiratory syndrome, MERS-CoV, was identified in 2012 and was transmitted from an animal reservoir in dromedary camels. It continues to cause sporadic and localized outbreaks. COVID-19 is the third novel coronavirus to emerge in this century. It was identified in December 2019 and declared a global pandemic by the WHO (World Health Organization) on March 11, 2020 (NIAID 2020).

The Lancet reported that COVID-19 has been found to have approximately 79% sequence identity to SARS and 50% to MERS (Lu 2020). One recently noted difference, however, is that unlike SARS, new evidence reported that COVID-19 is transmittable by persons who are asymptomatic. Symptomless transmission makes coronavirus far harder to fight.

Zoonotic diseases remind us that humans are inseparable from the natural world and that “in fact there is no natural world . . . there is only the world” (Quammen 2012, 518). What has become increasingly evident is that heterogeneity in human behavior, biodiversity in animals, and diverse ecosystems matter.

Ecology

Echoing the unheeded pandemic warnings by scientists across disciplines, Jonathan Foley (2017) lamented, “As a climate scientist, it’s disheartening to witness world

events unfold as they have over the past few decades. The clear and precise warnings we scientists have made about our planet's changing climate are materializing as predicted" (ix). Climate change, Foley continued, "affects not just weather patterns, but ecosystems, ice sheets, cities, health, safety, and security of every person alive and generations to come" (ix).

There is some evidence, however, that the pandemic crisis may be a tipping point that has catapulted the climate crisis into public awareness. A recent study, "Climate Change in the American Mind," reported that 73% of those polled said that climate change is happening, and 62% accepted the scientific view that global warming is mostly caused by human activity. Researchers at Yale and George Mason universities found these findings surprising, given the "finite pool of worry" hypothesis, which suggests that when people's level of concern about one issue rises, concern about other issues tend to fall (Leiserowitz, Maibach, and Rosenthal 2020). But, the pandemic has not shifted concerns about climate change, leading the authors to conclude that climate change has matured as an issue and become a "durable worry," and a clear and present threat to health. The pandemic could actually be contributing to public support for climate science, which may suggest, the authors stated, that citizens of the United States have reached a turning point. Time will tell.

The coronavirus pandemic is undeniably connected to climate change. Zoonoses are part of nature, but it is human, or *anthropogenic*, activities that have changed nature. Disturbances in the ecosystem and the loss of biodiversity, human population growth and the growth of megacities, deforestation and land clearing to accommodate increasing populations, and food production have all contributed to an increase in contact between humans and nonhuman animals. Closer proximity exposes humans to novel viruses, such as COVID-19, that they do not have immunities to combat. Disturbed animal habitats unbalance biodiversity, which, in turn, destabilizes the health of animals. The CDC's One Health approach recognizes that the health of people is closely connected to the health of animals and our shared environment (CDC 2020a). The wet markets in China that sell animals from the wild and Wild Flavor culinary preferences are regularly mentioned (McCarthy 2020), yet, as noted earlier, they are not the only global practices in play that have contributed to the increasing contact between animals and people and the problematic consequences that have resulted.

Climate change, too, has led to the interrelated damages to the earth and to human health. The recent record heat and fires in the arctic that are thawing the permafrost and unleashing greenhouse gases and organisms are examples of global warming. Extreme weather conditions, including floods, hurricanes, and droughts, disturb animal and human habitats. What has become clear is that global warming and extreme weather threaten the health of the earth and all its inhabitants.

In an effort to address the multiple and interrelated impact of climate change, I begin with a discussion of the causes of disturbances in the ecosystem, followed by the impact of industrial food production practices, which, with fossil fuels, are

the main drivers to the loss of biodiversity and to the emission of greenhouse gases, nitrous oxide, and methane gas.

Ecosystems

As a society, we depend on healthy ecosystems for the air we breathe, for carbon climate regulation, for clean water, and for the pollination of crops so we do not go hungry. These are the benefits nature provides for animal and human well-being. Biodiversity is known to be a major determinant for ecosystem productivity, stability, invasibility, and nutrient dynamics (Tilman, Isbell, and Cowles 2014). However, as human populations have grown and expanded into new geographic areas, deforestation and intensive farming practices bring humans and animals into closer contact.

Forests are home to most of earth's terrestrial biodiversity; they supply water and livelihoods, mitigate climate change, and are essential for sustainable food production. Yet, the UN Food and Agricultural Organization (FAO) reported that deforestation and forest degradation continue at alarming rates (FAO 2020). Forest ecosystems are a critical part of the world's biodiversity. Agricultural expansion is the main cause of deforestation and forest degradation. It is not only the trees that make a forest, but the many different species of plants, animals, and fungi that together play very important roles in maintaining the biodiversity and ecosystems functions in forests. As the report was about to be published, the editors wrote, "the world came face to face with the pandemic" (vi). The degradation and loss of forests, they stated, has disrupted nature's balance, increasing the risk and exposure of people to zoonotic diseases. They concluded by asserting, "understanding and keeping track of the state of our world's forests has never been more important" (vi).

The National Academy of Sciences (Ceballos, Ehrlich, and Raven 2020) recently reported that the extinction rates of animals and the unnatural loss of biodiversity is accelerating, and, if it continues to rise, the planet will lose vast ecosystems provided by animals – fresh water, pollination, and pest and disease control. The report stated that 543 species lost in the last 100 years are known, "losses that would normally take 10,000 years to accrue" (13596). These results, the authors state, should be a wake-up call, a tipping point. Paul Ehrlich, one of the report's authors, commented on people's indifference. He noted that people only notice the role of a plant or animal in an ecosystem after the species is gone. He cited the extinction of passenger pigeons, once numbered in the billions, whose consumption of seeds limited the population growth of other seed-eating species. After the extinction of the pigeons, the white-footed mice population exploded and the risks to human health increased, as the white-footed mouse is the reservoir host for Lyme disease.

Agribusiness food production

Large-scale commercial agriculture, mainly cattle ranching and soya bean and palm oil cultivation, accounted for 40% of tropical deforestation between 2000 and

2010, and local subsistence agriculture for another 33% (FAO 2020). Further, the Humane Society of the US “Fact Sheet on Agriculture & Climate Change” (2006) reported that environmental assault by animal agriculture has resulted in land degradation, greenhouse gas emissions, water pollution, and biodiversity loss. A striking indirect effect of industrial agriculture is the diversion and clearing of massive amounts of land for animal feed crops. Timothy Wise (2019) pointed out, “agribusinesses don’t farm, but they make a great deal of money off of agriculture.” He explained that what they do produce are inputs like “seeds, fertilizers, pesticides, and tractors” (4). They also produce outputs such as processing companies, slaughterhouses, sugar and corn sweetener factories, and ethanol refineries. Not only does agribusiness farming strip the nutrients from the land, rendering it infertile and unsustainable, it also strips the nutrients from the food it produces, affecting the health of the humans and animals that consume it. The FAO (2003) explained that the bulk of greenhouse livestock emissions are from methane emissions from digestive fermentation of cattle, sheep, and goats, and methane and nitrous oxide from animal manure storage and processing. Wise (2019) noted that the number of malnourished people is increasing, and that not everyone will eat tomorrow because of *how* we eat today. “If you wanted to invent pandemic disease,” he cautioned, “you couldn’t imagine a better laboratory than the hells of concentrated feeding operations, in which the constant drip of antibiotics creates the perfect breeding ground for the next deadly swine or bird flu” (vii). Similarly, recent reports of poultry-processing and meatpacking plant workers, deemed essential, have been hit extraordinarily hard by COVID-19 (Mayer 2020). In early July, the CDC (2020b) reported over 16,000 COVID-19 cases in meat- and poultry-processing facilities, 87% among racial or ethnic minorities. Agribusinesses produce food that is cheap, but it is food that contributes to chronic disease and ecological destruction.

The WHO noted that as the globe continues to warm and populations grow, with half the world having no access to clean fuels, the air we breathe has become dangerously polluted. “Today nine out of ten people breathe polluted air, which kills seven million people every year” (WHO 2018, 1). Particulate matter, microscopic pollutants that are inhaled or enter the bloodstream, have serious health consequences. Yet, these health consequences have been found to disproportionately affect populations in cities – the poor, immigrants, people of color, living in close proximity with one another, in marked contrast to White populations living in suburbs. This disparity in health has come to be referred to as *environmental racism*.

Sociology

Chelsea, Massachusetts, is a 1.8-square-mile city, one of the densest communities in the state. The population is more than 22,000 persons per square mile, three times higher than Boston. A first stop for immigrant families, and home largely

to working-class and Latinx populations, families are crowded into single rooms and unfinished basements, some without access to running water, heat, or sanitation (DeCosta-Klipa 2020; Barry 2020). Among Chelsea's employed population, approximately 80% work in occupations deemed essential, significantly higher than the statewide percentage. Chelsea is highly reliant on public transportation, where it is "impossible" to maintain physical distance from other people. The city's location, split by the high-traffic Tobin Bridge and adjacent to Logan Airport – has exposed its population to alarmingly high amounts of air pollution for decades. Language barriers among the immigrant community, many of whom are undocumented, have created an information gap in state and city efforts to deliver food, forestall evictions, and set up housing for those who have become homeless. In April, when Massachusetts was a national hot spot with the third highest rates of COVID-19, Chelsea was the epicenter, with rates of infection six times the state average (Barry 2020).

For many, it is not one's genetic code that determines vulnerability to COVID-19, it is one's zip code. Public health professor David Williams said the coronavirus serves as a "magnifying glass that helps us to see some long-standing shortfalls in health that have existed for centuries" (Sandoiu 2020, para 41). He pointed out that for over a century, research has found that Black people and Native Americans in the US live sicker and shorter lives than do others. The current protests against systemic racism that have erupted across the country and around the world, in combination with the disproportionate impact of COVID-19 on low-income populations, African Americans, Latinx, and Native Americans, has brought these inequities into sharp focus.

The CDC (2020c) reported that Blacks, who comprise 13% of the total US population, make up 30% of COVID-19 cases in the country. African Americans and Native Americans have hospitalization and death rates nearly five times those of White Americans, and Latinx populations have hospitalization and death rates approximately four times those of Whites. These differences become even more extreme when COVID-19 cases and death rates are compared state by state. In Louisiana, death rates from COVID-19 among Blacks were 70% compared to 32% of the state population (Artiga 2020; CDC 2020c).

Environmental racism and COVID-19

What accounts for these stark disparities that put people of color at higher risk for COVID-19 has to do with access to health care, living conditions, and structural economic disadvantages, or more broadly, systemic racism. The disproportionately high incidence of COVID-19 among marginalized populations vividly illustrates the intersectional impact of exposure to high levels of environmental pollution, food insecurity, and persistent stressors upon health. In an effort to explain these racial health disparities, Geronimus (2006) proposed the *weathering* hypothesis, which posits that the deteriorating health conditions of Blacks are the "consequence of

the cumulative impact of repeated experience with social or economic adversity and political marginalization” (826). What follows is a closer look at the underlying health conditions and the living and work conditions that have contributed to people of color’s vulnerability to COVID-19.

Artiga, Garfield, and Orgera (2020) and Benfer and Lindsay (2020) reported that people of color are at an increased risk for serious illness if they contract COVID-19, due to high rates of underlying health conditions such as diabetes, obesity, asthma, and hypertension. Furthermore, they are more likely to be uninsured and to lack access to care for treatment of health conditions and for testing and treating COVID-19.

African American adults are 60% more likely to be diagnosed with diabetes than are White Americans. U.S. National Institute of Health (2018) researchers reported that the higher incidence of diabetes for African Americans included the biological risk factors of weight and fat around the abdomen, and they suggested losing excess weight can help reduce the racial health disparities for developing diabetes. Obesity, they found, was driving the difference. Two significant contributors to obesity are an unhealthy diet and lack of physical activity (McAlexander et al. 2009). African American neighborhoods often lack sidewalks and exercise facilities and have limited access to green space. Access to nature is known to reduce obesity; people living close to trees and green spaces are less likely to be obese, inactive, and depressed. Green environments have also been found to reduce stress and lower blood pressure (Neslen 2017). Ten Brink, Mutaoglu, and Schweitzer (2016) reported that access to nature was “inextricably linked to wealth inequality, because deprived communities have fewer natural environments within reach” (73). Overall, after reviewing more than 200 academic studies into the dynamics of health, nature, and well-being, the study concluded that nature is “an under-recognized healer,” providing multiple health benefits (Neslen 2017).

People of color are also more likely to experience environmental conditions that expose them to higher levels of pollutants that are directly related to health conditions, such as asthma and other respiratory diseases. Last, the prevalence of hypertension among Black women and men, respectively, is 40% and 46% (Lackland 2014). Foods high in fat and salt, such as processed foods, are known to increase blood pressure and, cause hypertension, heightening vulnerability to COVID-19.

“The first thing to point out is that the racialized class and occupational structures of the U.S. are to blame for the fact that many people of color are far more likely to be exposed to Covid-19” (Green in Sandoiu 2020, para 10). It is impossible to separate the health of African Americans from institutionalized systems of racism that continue to affect economics, employment, and housing, each of which determines access to resources. These inequities include unemployment and underemployment, as well as working in service industries that are particularly at risk for loss of income during the pandemic. Working at jobs designated as

essential, such as transportation, healthcare facilities, emergency services, agriculture, and meatpacking plants, contribute to these inequities. These are jobs that are not amenable to teleworking, putting people of color at a higher risk for exposure to COVID-19.

Conclusion

Until now, the crises of looming pandemics, climate change, and structural racism have been largely invisible. Keeanga-Yamahtta Taylor (Hannah-Jones 2020) incisively pointed out that the coronavirus pandemic has

pulled what is hidden and buried on the bottom to the surface so that it can't be ignored. It is a radicalizing factor because conditions that have been so dire, now combined with revolts in the street, might lead one to believe that not only is the society unraveling, but it might cause you to question what foundation it was built upon in the first place.

(53)

These are historic times – an inflection point – an opportunity to rebuild the foundations of this country before it is too late. Within a year, a vaccine will likely be developed to protect the world's inhabitants against COVID-19. However, without a radical redefinition of our relationship to nature and a transformation of the intersectional structures that have led to the destruction of the environment and the perpetuation of systemic racism that has created unconscionable health disparities, it is just a matter of time until the next pandemic strikes.

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PART III

Changing social understandings in response to crisis



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14

BLOWING BUBBLES

COVID-19, New Zealand's bubble metaphor, and the limits of households as sites of responsibility and care

Susanna Trnka and Sharyn Graham Davies

Introduction

In the weeks following New Zealand's transition out of strict social distancing measures, the country's COVID-19 strategy was internationally hailed a resounding success. World Health Organization spokesperson Abdi Mahamud commented in late April 2020, "New Zealand's response has been one of the strongest in the world, and there's a lot that global communities can learn from the response" (Towle 2020). Similar praise echoed across the world's media. "How New Zealand Beat the Coronavirus: The Isolated Island Nation Enters the Post-Pandemic Future," proclaimed a *Politico* headline (Richter 2020). Prime Minister Jacinda Ardern became the poster child of pandemic responsiveness. On the heels of earlier, humorous calls among Australians for New Zealand to annex their nation and rename it the "The Big Island" (Map 2020), letter writers in Britain implored Ardern to take the helm of their country. "Boris Johnson Has Proved Utterly Useless. Can't We Just Swap Him for Jacinda Ardern Instead?" a writer to the *Independent* queried (Daniels 2020).

Central to the New Zealand success story has been the rise of a new social form: the bubble, a metaphor developed by disability scholar Tristram Ingham (Franks 2020). The bubble is an exclusive social unit whose members are allowed physical contact amongst themselves but not with others. With some exceptions such as essential service workers, during level 4 lockdown (the highest alert level), most New Zealanders' physical contact was restricted to the members of their residence – a social unit that the government referred to interchangeably as the members of one's "home," "household," or "bubble" (or "household bubble"). As we discuss later, this regulation had significantly different implications for those whose primary interpersonal obligations and relations of care were already located within their household, spanned multiple households, or took place extralocally

(i.e., outside their residence). Regulations also did not adequately address the stress that lockdown placed on those who lived with others with whom they had no affective, economic, or other interpersonal ties, such as workers or students who flat together and suddenly found themselves bubble mates for the next 33 days.

New Zealand's innovation of the bubble metaphor received domestic and international acclaim and has been credited with playing an important role in the country's low transmission rate. A headline from *Aljazeera* went as far as attributing New Zealand's COVID-19 success entirely to the bubble: "Lockdown Life in New Zealand, the Bubble That 'Beat' Coronavirus" (Donnell 2020). There have also been (more measured) suggestions that New Zealand's experience with bubbles can inform other nations' approaches to easing social distancing regulations (Long et al. 2020), with discussions of the utility of employing the bubble concept in the UK (Cowburn 2020; Lagan 2020; Mason, Devlin, and Grierson 2020), Canada (CBC 2020), the Baltic states (BBC 2020), India (Shakla 2020), and the US (Thompson 2020).

It thus seems timely to assess the bubble, bubble making, bubble deflation, and bubble bursting for what they imply about understandings of social relations and how to best manage them in times of crises. Bubble games aside (and the "lightness" of the bubble metaphor is key here, as we hope to show), in this chapter we examine the implications of the bubble in terms of the bubble metaphor and what it conveyed and precluded, as well as the actual ways New Zealanders engaged in constituting, stretching, and sometimes rupturing bubbles during the level 4 lockdown.

Our argument is that while the legislation surrounding bubbles went a long way in recognizing that families do not necessarily map onto a single household, it did not take into account the breadth and diversity of relations of care, responsibility, and economic exchange (what we refer to here as "care relations" in all their various dimensions) in which New Zealanders engage. Nor did it adequately address the needs of those who live alone or with others with whom they have little or no economic or social interconnection. In throwing into relief the diversity of residences, households, and care configurations New Zealanders engage in, government regulations regarding level 4 lockdown reveal the need for future policy initiatives to enable a bit more stretch in how New Zealanders constitute their bubbles.

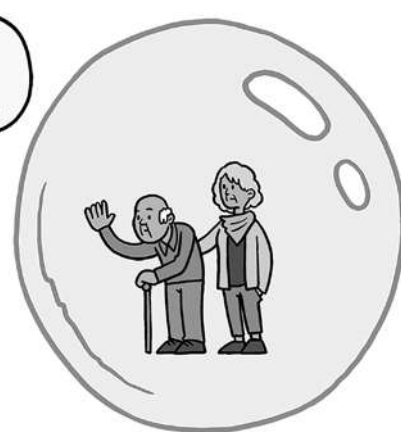
Embracing the bubble, or not

On March 23, 2020, New Zealanders were presented with the unprecedented demand to go into full lockdown in 48 hours (Ardern 2020). The following day, the prime minister elaborated on what lockdown would look like, evoking the new image of a social bubble: "Whatever your bubble is for the month, this is the bubble you must maintain. That has to be it, a small group of individuals," she stated (Devlin and Manch 2020). This was the first use of the bubble metaphor in



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FIGURE 14.1 Scenes From an Animated GIF Created by Wiles and Morris

New Zealand's response to the COVID-19 pandemic, and indeed the first usage of bubbles that we can find globally in response to COVID-19. While most New Zealanders had never heard of social bubbles, over the coming hours and days, the concept came to capture the public imagination. Explanations of what bubbles are and how they operate circulated on social media, TV, and radio, as well as in government publications. Microbiologist and science communicator Dr. Siouxsie Wiles became a well-known public figure for her clear and concise delineations of what was and was not allowed during level 4 (a period that ended up lasting from

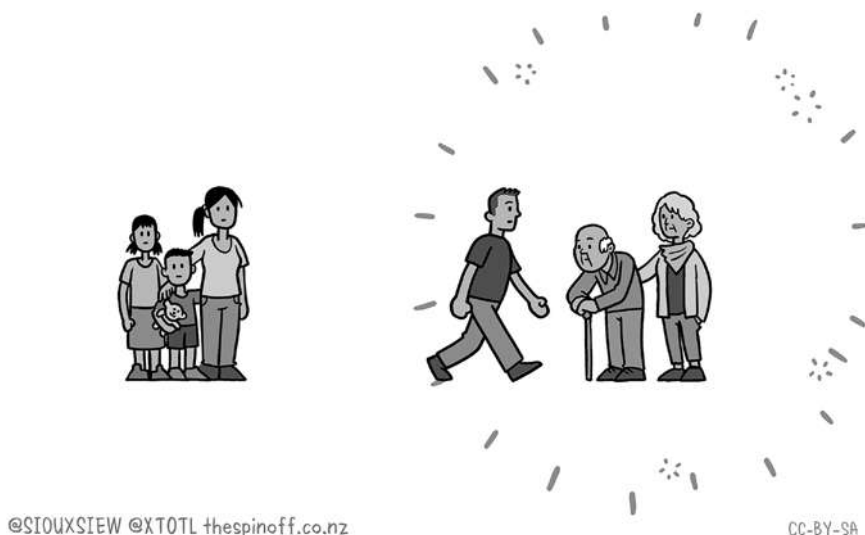


FIGURE 14.1 (Continued)

11:59 p.m., March 25, to 11:59 p.m., April 27, 2020). She was particularly noted for her cartoon collaborations with Toby Morris – e.g., Figure 14.1, denoting how to avoid popping one’s bubble.

The general message was that those who share a home constitute a single bubble and must refrain from physical contact with others. Notable exceptions included essential services workers who could have one bubble at work and another at home; children in shared custody arrangements whose parents lived in the same District Health Board and within an hour of one another, who could move from one parent’s bubble to the other’s; and those who lived alone who were allowed to “buddy” with another singleton (but not with a multi-person household) in order to mitigate complete physical isolation. The bubble policy thus provided some flexibility in addressing relations of care and responsibility that extend beyond the household.

That said, aside from such exceptions, most people were restricted to interacting with the other members of their (single) residence. Moreover, in both government discourse and media coverage, bubbles frequently came to index households, and households stood as a proxy for a nuclear family assumed to be able to independently provide care and sustenance for its members. One’s residence quickly came to take on multiple meanings, not all of which were merited.

In analyzing New Zealand’s use of the bubble metaphor, we take up Elizabeth DeLuca’s assertion,

if dominant forms of knowledge about the household present the nuclear family as a centre of responsibility and financial planning, anthropologists

must also ask how such visions of the household exclude other forms of living in proximity, and to what effects.

(2017)

We suggest that the bubble metaphor was pulled apart in two directions: It did not allow for the breadth and diversity of care relations that extend across multiple households. It also resulted in a blind spot as to how cohabitation does not necessarily equate to love, care, reciprocal responsibility, or even economic interdependence, thus adding stress and confusion to those who lived in residential arrangements that did not function as households, much less familial configurations.

We start, however, by examining bubbles as metaphoric constructions, focusing on the linguistic associations bubbles imply, before considering the effects of both government regulations as to bubble formation and bubbles' representation in popular media.

New metaphors we live by

Social distancing necessarily gave rise to novel social dynamics; it is perhaps not surprising that we turned to a new language to represent and help navigate them. Bubbles were employed to easily enable these discussions but, despite their reputation for being flighty, ephemeral entities, the choice of wording already carried its own weight. Anthropologists, linguists, philosophers, and sociologists have shown how concepts, such as “flexibility” (Martin 1994), “responsibility” (Trnka and Trundle 2017), and “resilience” (Rose and Lentzos 2017), have performative force (Austin 1962), not merely describing but shaping social dynamics by conveying particular kinds of assumptions that craft our sense of what is and is not possible or desirable. “Bubble,” we suggest, had a similar performative force, acting not merely as a descriptor of preexisting relations, but delineating new forms of relationality.

There were other linguistic options available to describe relations in a time of COVID-19 – phrases such as “sheltering in place” or “cocooning.” One could also have used the language of “maintaining barriers,” “shielding,” “policing borders,” or other evocations of division or distance. “Social distancing” was another largely unknown concept in New Zealand society at the start of the pandemic that became locally (and globally) popular and could have come to occupy a similar role as bubbles. According to the *Oxford English Dictionary*, while the term “social distancing” had been used in sociological discourse since the 1950s to connote something akin to social isolation, it took on its current meaning of maintaining physical distance in order to quell the spread of infectious disease in the early 2000s (OED 2020).

In contrast to “social distancing,” the bubble metaphor offered a more easily visualizable alternative that not only conveyed the idea of distancing between bubbles, but just as significantly, the idea of a group bound together within the

bubble. Rather than each individual being separated (or “cocooned”) from others, the bubble was a bounded unit one could share. The bubble metaphor also conveyed a particular set of characteristics that offset some of the negative connotations of “lockdown,” “barriers,” or “distancing.” As George Lakoff and Mark Johnson (1980) noted in their now classic exegesis, *Metaphors We Live By*, metaphors are tricky things, often transferring meanings from one entity to another that may transcend the specific facets we wish to explicitly compare. Indeed, we may not even be aware when we are making a metaphorical statement, much less the implicit associations it conveys; for example, the seemingly innocuous statements, “She is *high*-minded. She is *upright*. She is an *upstanding* person. That was a *low* trick. Don’t be *underhanded*. I wouldn’t *stoop* to that,” convey and reinforce tacit assumptions about virtue and depravity as occupying different spatial relations (Lakoff and Johnson 1980, 16). Writing specifically of illness, Susan Sontag (1978, 1989) recounted how metaphoric representations of conditions such as cancer or AIDS come to inflect the experiences of those suffering from them. Referring to cancer as a “death sentence” altered the way that those with even the most treatable forms of cancer viewed their prospects, Sontag argued (1978, 1). We can apply these insights into bubbles by considering how the associations we have historically made with respect to “bubbles” color the restrictions imposed by lockdown.

Bubbles are generally thought of as light, airy things that float through the air. They are often associated with the popular children’s game of blowing bubbles (Appleton 2020) where they appear stretchable (we can blow them big or small). Their connotations of being soft, gentle, and even playful contrasted not only with the potentially anxiety-raising nature of the pandemic but with the language of “lockdown.” With an etymology that derives from 1970s’ references to prisoners confined to their cells or inmates in a psychiatric ward (OED 2020), “lockdown” conveys a sense of immobility, of being forced or pinned (locked) to a certain place. In a similar way as “quarantine,” which has carried the connotation of isolation due to fear of spreading infection since at least the 17th century (OED 2020), it is hard to see how a “lockdown” could move away from its strong negative connotations. Other possible ways of delineating social distancing were similarly negatively inflected – i.e., being “boxed in,” “fenced in,” or “walled in,” or subject to respecting “borders” or “boundaries.” In contrast, it is hard to imagine light, playful, transparent, and often beautiful bubbles as dangerous or frightening. Bubbles also cannot be anchored down; caught up by the wind or by our own breath, bubbles travel and thus convey a sense of lightweight mobility, even if the actual lockdown restricted it. The bubble may, moreover, have been viewed as an appropriate metaphor as it had been used since the 1960s to describe “a transparent plastic covering or enclosure that protects a patient from infection by keeping him or her in a sterile environment” (OED 2020). Use of the bubble metaphor thus already had a track record in public health and medical usage denoting isolation in order to counter contagion (Appleton 2020).

Perhaps given all of these positive associations, the ruling Labour government was unconcerned with how easily bubbles burst. They may have also been unaware

of the bubble's many negative connotations. For instance, bubbles were once commonly used to describe "a person who is or may be easily cheated or hoodwinked; a dupe"; "an insubstantial, delusive, or fraudulent project or enterprise, esp. of a commercial or financial nature"; or "anything fragile, insubstantial, empty, or worthless; a deceptive show" (OED 2020). Or perhaps in using the bubble metaphor the government wished to highlight their ephemerality, as when a bubble is "a protected or fortunate situation which is isolated from reality or unlikely to last" (OED 2020).

Yet another, important aspect of the bubble metaphor is that bubbles not only exist in nature but also can be products of our creation. And while blowing bubbles might seem like child's play, creating a lockdown bubble was often much more complex than that.

Bubble making, rather than maintenance

With a few exceptions, most notably concerns over how to manage children in joint custodial arrangements and how to help people facing the threat of domestic violence, when the government announced that New Zealanders had 48 hours to get into their bubbles, the tenor of public discussion focused on how to maintain one's bubble, not how to create one, much less on the effort such bubble making might require. As many soon realized, however, with whom or where their bubble was going to be was not necessarily a given.

Many Kiwis used the 48 hours to relocate to a residence where they hoped to feel most secure during the crisis. Students abandoned university dormitories, some of which closed, but many of which (controversially) kept charging fees. Couples on the verge of divorce or in new relationships engaged in quick decision-making. Families with members who were immunocompromised, elderly, or had tested positive for COVID-19 had to make choices about how to best keep one another safe. Domestic airports were filled, often with young people and the elderly seeking to return to more physically, affectively, or economically hospitable living situations.

Some could not escape difficult circumstances. Students and workers who remained in shared residences grappled with having their primary physical contact reduced to one another. Those who lived with persons with histories of domestic violence or substance abuse found themselves in fraught situations, 24 hours a day. (In one case known to us, a domestic violence offender, who had no other stable living situation, was allowed to return to the familial home despite a restraining order against him, on the basis that he moved into the garage and thus stayed separate, but nonetheless within the "same bubble"; cf. Desjarlais-deKlerk 2021; Mungo 2021.) As the configurations and reconfigurations of households in the lead-up to lockdown reveal, a lot was at stake in how bubbles were put together.

The options that bubble making enabled are one of the policy's key strengths. The bubble metaphor itself encouraged extending one's thinking beyond the

immediate household. This was particularly true for essential services workers (cf. Dewees 2021). For instance, the prime minister operated in a home bubble and a work bubble; rest home care workers were able to move into a work bubble, living on site in order to take care of residents (but not able to return to their residences or families for the length of the lockdown). Regulations devised towards the end of level 4 enabling members of one bubble to join up with another (i.e., an elderly person living alone joining another bubble even if it had multiple people in it), mitigated some of the problems regarding bubble delimitation. In its implications of being flexible (i.e., stretchable), the bubble promoted thinking outside of the strictures of homes and residences, enabling the incorporation of different persons into specific configurations.

But bubbles can only stretch so far before they pop, and sometimes other needs were deemed to override the necessity of protecting their boundaries.

Care relations beyond the household

One area where bubbles fell short was in overlooking significant care relations, including economic obligations and support, that superseded home and household. It is not unusual for economic dependence and financial reciprocities to extend beyond the boundaries of a single household. As Carol Stack (1974) showed in her ethnographic examination of money lending, barter, and goods and services exchange among poor African American households, crucial financial ties may be far flung, particularly (but not exclusively) among those living on the economic margins. More relevant to New Zealand, Julie Spray's (2020) ethnography of South Auckland primary school children reveals the ways that children in economically marginalized families may move, or be moved (by family/*whānau* or by social services), from one household to another depending on financial opportunity as well as members' abilities to provide care, sometimes changing residences several times a year (see Milkie 2021). Bubble regulations thus put pressure on Māori and Pacific families among whom movement between households might be commonplace. They also elided care relations between multi-person households whose residents might remain separated but nonetheless dependent on others; for example, elderly couples who might live apart from other family members but are unable to provide for all their economic, physical, social, or affective needs.

In some cases, government policies attempted to address such issues but nonetheless were found lacking. For example, the proviso that one must stay exclusively in their residential bubble was suspended for those who lived alone; singletons could buddy up with another singleton (but not with a multi-person household) to mitigate loneliness (see also MacArthur 2021; Porter 2021). Some singletons, however, did not have other single friends who lived close by and were thus left to their own devices. Misconstruing the policy as more flexible than it actually was, one middle-aged man who lived alone in Nelson regularly visited a neighboring family during the day, returning to his home in the evening. His comings and goings were reported to the police, and he was found in breach of lockdown regulations

(cf. Dewey 2021). In a passionate defense, he responded that there was no other way of ensuring his mental well-being:

The first few days [of lockdown] were OK, but I suck at being alone. You can only do video calls so many times. You can only clean the house so many times. I'm going a bit stir crazy. We are talking a month but what if it goes further than that?

(Vance 2020)

In this case, the other household provided a much-needed source of face-to-face engagement, a necessity that itself had been borne out of lockdown, as he had previously derived sufficient physical engagement through (now suspended) work relations (*ibid.*).

As these and other examples elucidate, significant care relations may lie not only beyond the household, but also far beyond the bonds of kinship. That said, kinship itself, as anthropologists have long asserted, may not necessarily be constituted along lines of blood or marriage, but rather through acts of obligation and care (e.g., Sahlins 1962; Weston 1991). Nor are such exchanges (kin-based or other) necessarily clear cut – the friends who provided the Nelson man with much-needed support may not have been key people in his affective or emotional life prior to lockdown.

Care relations are, moreover, often multiple and may thus result in “competing responsibilities” (Trnka and Trundle 2017) as people feel pulled to provide care in different directions. Such competing responsibilities were thrown into relief when choices had to be made about who makes it into a bubble and who does not. What would happen to elderly parents living on their own? Or adult children who, given the lockdown, were now out of a job but still had rent and bills to pay (that were not completely covered by government subsidies)? What about nieces and nephews whose parents were essential services workers – could they spend their days with family or were they consigned to weeks of daily interaction with a sole childcare provider? What about friends who were immunocompromised and in need of support? Should a person stay and take care of an ill Aunty, or move to another household where it would be easier to be financially supported? Given the government's efforts to support not just physical but also mental well-being during the pandemic (“Jacinda Ardern” 2020), as part of future policy planning, more attention needs to be drawn to New Zealanders' diverse configurations of care and the repercussions of what “stay home” regulations may mean for those across a wide span of living arrangements.

Love your bubble, or at least be willing to shop for them

If care relations cannot always be confined to one household, the opposite – namely how to cope in households whose relations are devoid of care – was another conundrum raised by the bubble policy. Whatever the government's intention of

not assuming a single household would manage itself during the crisis, many of the government and media messages seemed to do just this (cf. Astorino 2021).

One key assumption that permeated government directions and media representation was that bubbles are united economic units. For example, government TV announcements indicated that one member of each bubble should do the grocery shopping. At some grocery stores, shoppers were quizzed to ensure they were the only one shopping “for their bubble” before being allowed entry. But being bubble mates due to shared residence does not necessarily mean a group of people are, or can be, economically interdependent. Neither students nor workers who flat together are necessarily accustomed to sharing cooking responsibilities or pooling financial resources to buy essential supplies.

But public discourse rarely focused on such situations, preferring to deploy 1950s-style rhetorics of nuclear families hunkering down in their bubbles (Mau 2020). New Zealanders were, for example, repeatedly exhorted to “love your bubble” by the state-owned TV network (TVNZ 2020, Figure 14.2).

TVNZ even made an open call for New Zealanders to send in videos of how they were “loving” their bubble during lockdown; there was no confusion over the emphasis on love, fun, and care as being central to the bubble experience. As they explained in a section headed “What We’re After,” submitted videos should include activities such as:

- Group activities like board games or going for a walk around the block.
- Cooking with your family and sharing a meal.
- Playing with your children or family pets.
- Putting a beer in your window, or getting a beer from your fridge.
- Camping in the back garden or having a BBQ.
- Playing an instrument, painting, even learning a magic trick.



FIGURE 14.2 New Zealanders Exhorted to “Love Your Bubble” by State-Owned TV (Credit for image to TVNZ)

- Catching up on your DIY projects or gardening.
- Having a dance party, or doing a Les Mills lounge workout.
- Smiling happy faces, thumbs-ups, and resilient kiwi spirits.

(TVNZ 2020)

“Loving your bubble” necessarily suggests you live with the ones you love. But for many people the problem was not only that their key affective relations occurred outside of their bubble, but also that their residential bubble was devoid of ones to love. Either they lived alone, or due to economic reasons, choice, or force of circumstance, lived with others with whom they have minimal engagement. Nonetheless, they had to contend with not only who would do the shopping, but also who would take care of them if they fell sick (not an unlikely prospect during a pandemic). These situations were particularly pressing for students, low-income workers, and migrant workers who found themselves confined to social relations with cohabitants who might otherwise have been relative strangers (cf. Ramsari 2021).

As in other nations, during lockdown many people expressed greater interest in domestic care activities, such as home baking and trying out new recipes – activities celebrated for demonstrating “resilient kiwi spirits.” But for others, the lockdown could not be devoted to increased efforts to “make home better,” as their very sense of belonging, or “at home-ness,” is not necessarily linked to a primary place of residence, or even to multiple ones. As we’ve mentioned, a singular residence may not be where one feels most “at home,” as homes may be affectively as well as materially dispersed (Jackson 1995). Moreover, as Farhan Samanani and Johannes Lenhard note, “‘home’ may refer more to imaginary spaces, or to bodily practices rather than physical structures, while houses, as sites of labour, conflict, and tension, may be at times fundamentally unhomely” (2019, 2).

Let us be clear: We do not intend to suggest that such situations are anomalies that somehow fall short of the ideal of a singular residence (“home and hearth”) that contains a unified household made up of the members of a nuclear family. Rather, by choice, practice, or circumstance, families crisscross households and residences, and “home” may be constituted through engagement in multiple material sites or through other forms of interaction, such as feeling most “at home” at work, at school, or in online spaces. It may be too much to expect state ideologies to recognize these permutations, but when there are widespread calls to “love your bubble,” it is imperative that more thought be given to what the boundaries of the bubble not only contain but also, just as importantly, exclude.

Conclusion

Around the globe, COVID-19 recast social relations in a myriad of ways, be it in terms of citizens’ relations with the state (Blum 2021; Latour 2020; Meeker 2021; Trnka 2020a); scapegoating due to fears of contagion (Napier 2020; Wynn 2020);

structural violence and increased viral vulnerability (Gottlieb 2020; Manderson and Wahlberg 2020); economic downturns (Adams 2020); mental health crises (Žižek 2020); inequality (Nanda 2021; Parsons 2021); or the impact on attending university (Smith, Sanford, and Blum 2021). The pandemic and our response to it reframes our abilities to move as well as to communicate (Trnka 2020b, 2020c). Social distancing and lockdown measures may be taking place across the world, but they are playing out in different ways, encouraging a variety of social orderings and material artifacts – from mandatory face masks in parts of Europe (Trnka 2020d) to adversely impacting HIV care in Indonesia (Davies and Najmah 2020). When it comes to New Zealand's experience, it is likely that bubbles will be among the phenomena most remembered.

In reflecting on the government's efforts to trace the social contacts of those suffering from the virus, Ardern mentioned in a press conference that she was surprised by the level of national mobility ("Covid-19 Media" 2020):

One of the things that has also struck me . . . is some of the cases we've had, in their history prior to lockdown, there has been a lot of movement around the country. We are a people who move between our regions, and so that's been top of our mind when we've been thinking about the approach we take. A case might emerge in one part of the country, but it might have come from somewhere else.

No doubt the government will learn even more about national mobility through its new contact tracing app (which requires analysis in its own right), but we can also learn from the bubble metaphor – where it worked, how it was stretched, where it broke down – to glean a better sense of just how far our maps of kinship, care, and responsibility extend.

Locking down with others inside a bubble for an extended period has proven to be a novel exercise. As the New Zealand experience highlights, bubbles are not something we merely enter, but in many cases, need to construct, bearing in mind that co-residence is not necessarily indicative of a unitary household, a household is not necessarily a family, and relations of care, responsibility, and economic survival intersect and extend beyond the residents of a single abode. We need to consciously move away from carryovers of 1950s' visions of residences as housing households made up of nuclear families that delimit the primary relations of care. Catherine Fennel's warning of American imaginaries of the household could well work for New Zealand when she notes:

a particular vision of the household . . . continues to dominate American politics and letters. That vision paints the household as a small, self-contained domestic group, one that serves as the foundation of any larger group worth its salt. That household is anchored by a head, ideally a man. Several figures orbit him in ways that support his presence within and beyond the household. First, there is his spouse, who does so much to make a refuge for the household,

one that sustains and restores each member's body and spirit; and that prepares them for yet another day "out" in the world. Then there are his children, who bear everything from his name to his genetic material into that world. Finally, there is the matter of the residence itself, within which household members dwell. As much as it shelters and locates them in place, this residence also concentrates the affection that cements these figures together. This vision is no less potent and compelling for being at best obsolete and, at worst, an ethnocentric or ahistorical occlusion of the very processes and developments that have rendered it so familiar to us as an aspiration, description, and prescription. (2017)

To claim that residences and households are much more complex than we might first imagine is not particularly new. Nor is the disjuncture between practice and policy we see in the bubble phenomenon especially novel in its own right. But the language of bubbles is new and if, as epidemiologists suggest (Safi 2020), pandemics are likely to become more familiar features of not only medical landscapes but social, cultural, and governmental ones, then this is an opportunity to fine-tune the notion of bubbles to reflect the diversified ways of enacting responsibility, care, and home that many of New Zealanders enact on a daily basis.

By means of conclusion, we offer a few suggestions for how the bubble policy could be improved upon, especially if it is taken up by other nations or redeployed in future pandemics. First, we recommend an explicit focus on the variety of relations within a single residence, acknowledging, for instance, that people who flat together cannot be assumed to be able to give care, provide support, or act financially on behalf of bubble mates (e.g., doing the grocery shopping for the entire bubble). Second, more emphasis could be placed on bubbles as not necessarily safe spaces, highlighting the ways they can be sites of violence and discomfort (sometimes "loving one's bubble" might not be the safest strategy for getting through a lockdown). Third, there is the need for more consideration of circumstances that might require bubble merging so that those with care needs can join other bubbles even if they do not necessarily live alone (e.g., elderly couples or young single parents who may live independently but are reliant on others for support or care).

New Zealand's bubble policy represents a significant step forward in recognizing the multiplicity of responsibilities and exchanges of care that crisscross households. By attempting to superimpose relations of affect, interpersonal responsibility and care, and economic cooperation onto the same set of individuals (bubble mates), however, the bubble metaphor finds itself stretched too far.

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15

MAKING THE INVISIBLE VISIBLE

Viral cloud moments in the SARS-CoV-2 pandemic

Joseph A. Astorino and Anthony V. Nicola

At the beginning of the pandemic, there were a slew of mainstream media articles describing whether metaphors should be used to describe the pandemic. There was also popular science coverage of why metaphors are necessary to understand the pandemic. Ultimately, these articles prop up scholars as experts who should be able to answer: What is the “right” metaphor for pandemic disease? If not war or wildfire, how should the media describe a disaster such as this? What is missing from this analysis is the split consciousness that makes people choose whether this is a natural *or* a social disaster in the first place. What if it is both? To accommodate the complexity of a viral pandemic, social science literature is brought to light.

Viruses and society

Hardt (2016) analyzes the historical landscape of infectious disease, including the meanings of globalization to the nation-states and health bodies that coordinate disease response. The landscape includes ecological balance between microbes and humans and the transitions between periods of this balance, one of which we are living through, as a result of globalization. Importantly, his historical research highlights the key role that the microbe–human relationship plays in explaining disease. Social structures and economic systems are at the heart of this relationship. Our current economic system has paved the way for a future landscape where pandemics are common, normalized, and serious. Hardt (2016) allows a significant role for microbes, and possibly their agency, in this historical and future landscape. However, a social science account of this process is missing.

Social scientists only rarely study viruses as active agents but are beginning to figure out how to include them. Some ethnographers have included pathogenesis (MacPhail 2014) and cultural analyses of outbreaks (Wald 2008), while others give

space to viruses as agents. Lowe (2017) examines the agency of a virus amidst social and environmental changes with avian flu and elephant endotheliotropic herpesvirus. She finds biological reality entangled with biosecurity regimes and the creation of a global security agenda. Others have examined how the interface of pandemic culture is entangled with biosecurity regimes in the post-colonial era (King 2002) with germ warfare being the major threat in a post-Cold War era (Cooper 2006). These trends cohere within the “emerging infectious disease” worldview shaping political and biological outlooks on viruses and pandemic preparedness (Caduff 2010, 2015).

The invisibility of microbes is a problem for the study of culture. Viruses are inferred through symptoms and confirmed through testing. The concept of a viral “cloud” represents the entanglement of virus, host, and humans (and culture), which allows the virus to *become visible* (Lowe 2010). This includes media narratives of the impact of infectious agents on public health. It also includes the material practices in response to an emergence event. Lowe argues that caring for viruses is necessary, acknowledging the cultural forces involved in emergence, as well as acknowledging the agency of this emergence – especially with dangerous pathogens.

The viral cloud approach highlights that viruses are not restricted to species boundaries. Viruses can switch roles in our understanding of the food chain, turning humans into the prey of an invisible predator (Schell 1997). Thus, viruses upset traditional identities, allowing the possibility of social change. Within virology, the agency of viruses is also still being worked out. There is discourse among scientists surrounding whether viruses themselves are alive (Pradeu, Kostyrka, and Dupré 2016; van Regenmortel 2016). Virologists have discouraged the use of metaphors that anthropomorphize viruses. Viruses are biological entities that require a host cell for replication. Forterre (2016) proposes that a virus is a set of processes intimately tied to a network of life.

Including viruses in social science research as agents, and redefining viruses as processes rather than living entities, are revolutionary ideas that change traditional characterizations. This expansion of paradigm for microbes accounts for understandings that transcend traditional villain profiles (Paxson and Helmreich 2013; Helmreich 2014). We advance this expansion by identifying a false split between biology and culture inherent to studying a virus in society.

Landscapes of meaning in terms of pandemic

Analysis of formative forces in the landscape of social life is critical to fully explain phenomena (Reed 2011). This landscape existed before the COVID-19 pandemic and will be reshaped beyond 2020. Elements of the landscape include virology experts and their constructions of what viruses are and do (Forterre 2016), a history of diseases caused by viruses (Hardt 2016), media constructions of events (Blakely 2003; Staniland and Smith 2013; Chew and Gunther 2010; Davis et al. 2014; Holland et al. 2012; Mesch, Schwirian, and Kolobov 2012), rumors tied to viral

agents (Tai and Sun 2011; Atlani-Duault et al. 2015), and political constructions tied to public health responses to an outbreak (Fidler 2003). Seeing the breadth of forces shaping the 2020 pandemic requires an analytical focus to clarify the process of constructing meaning out of the events. Shared understanding of the agency of viruses has been shaped by religion, war, and imperial hunting during colonialism. Religion, for example, has been a source of metaphor, as well as a formative force. Ignatova (2007) highlights biblical elements to make sense of “plagues” and apocalyptic imagery in media coverage of avian flu.

These cultural forces eliminate the agency of viruses, remaking causation as an “act of God” (Turner 2021, this volume). Another theme is the militaristic idea of a war on viruses. New findings in virology highlight the problems with this approach (Pradeu 2016). However, war metaphors have shaped the development of immunology since the Cold War. These cultural forces bring the agency of the virus to an extreme – casting them as political enemies. Lastly, the virus as a natural predator is rooted in the golden age of “virus-hunting,” mostly in colonial Africa (Schell 1997). The virus is seen as an invisible organism waiting to “emerge” and pounce. Virologists are therefore those trained to hunt the hunter. This is a way to neutralize agency, seeing viruses not as villains, but rather doing what viruses do. Since the 1980s, viruses have been recast as “ecological agents” and have been implicated in food webs and biogeochemical cycles. O’Malley (2016) argues that viruses are actors equal to organisms. He coins the term ecological agency, which is a form of agency that is more distributed than organismal agency. Ecological agency weakens the rhetoric of war on an invisible enemy and begins to sound similar to the viral cloud (Lowe 2010). All of these inherited cultural forces were at play during the 2020 outbreak, potentially helping us understand SARS-CoV-2.

These forces also shape the way we think about disease acting in bodies. Hauser and Schwarz (2016) examine the impact medical metaphors have on judgment and decision-making. Specifically, militaristic metaphors for cures for cancer and HIV become problematic when they encourage aggressiveness. Preventative actions and behaviors that may reduce disease burden are replaced by aggressive actions (Hauser and Schwarz 2016). Scholars such as Susan Sontag (1977) advise against metaphor-based explanations of illnesses. Despite calls for a more realistic look at illness, many constructions of outbreaks continue to utilize metaphors to tell stories. Popular media has broadcast explanations for this resistance to look at the reality of viruses by cognitive scientists writing during the pandemic. Humanizing the virus is an innate feature of our species that helps make sense of complex forces of unknown causation (Porubanova and Guthrie 2020).

Metaphors are a two-way street, however. We use them to describe virus events, but virality itself has become central to 21st-century life. As we understood more about these invisible actors, we started explaining social processes with viral metaphors. Viral invasions or epidemics are used to describe invasions and computer programs, amongst other social ills. If a problem is discussed as similar to a virus, people support a more systemic solution (Thibodeau and Boroditsky 2011). Obesity, opioid addiction, and crime are considered epidemics in the 21st century.

Going viral, viral networks, and the global nature of society has set up viral processes as the defining metaphor for our era (Sampson 2012). According to Sontag, virus as metaphor prevents us from seeing viruses as literal. Some virologists have embraced a similar approach and propose to recast viruses as processes rather than entities (Dupré and Guttinger 2016; Forterre 2016). Scholars have begun to piece together this emerging biocultural process of virality through case studies of the highways of Africa (Schell 1997) and global cities (Ali and Keil 2008; Voelkner 2019). Some have claimed that viruses have come to culturally represent social change because of the feedback loop built into the viral process (Schell 1997).

This chapter understands metaphors as central to the viral process, building a case that the biological and cultural elements of a virus are illuminated through a deeper understanding of distributed agency, via viral clouds, in the social changes occurring during a pandemic.

Socializing nature through conjoint constitution: mineral, plant, animal, virus?

Many environmental sociologists have worked to develop new concepts such as conjoint constitution to help rethink how natural and cultural forces are integrated (Freudenberg, Frickel, and Gramling 1995). The conjoint constitution of mountains goes beyond purely mineral and geological ontologies of these natural wonders. Similarly, some sociologists have written accounts of the socialization of nature by tracing the transformation of rapeseed into canola (Busch et al. 1994). This literature can help make sense of the process through which a novel part of nature becomes part of culture.

Yet to be unpacked clearly is the process through which a novel element of nature comes into a common understanding as having conjoint constitution. In the case of the COVID-19 pandemic, the speed of this process, which normally takes lifetimes in geology and decades in plant breeding, is sped up and captured through media. The accounts are moments in the viral cloud, where distributed agency is constructed, experienced, negotiated, and transformed.

Deductive codes emerging from the literature review were used as theoretical sensitizing concepts, guiding the analysis process throughout the data collection. The major deductive codes are foreign agents (Radetsky 1991; Caduff 2010; Schell 1997), zombie/alien invasion horror (Davis 2014), villain/criminal, travel/traffic (Schell 1997), predator/beast (Schell 1997; Zerner 2003), national enemy/military invader (Radetsky 1991; Schell 1997; Ignatova 2007; Blakely 2003), racial other (Ignatova 2007; Blakely 2003), religion/classical philosophy (Ignatova 2007; Schell 1997; Dirckx 2000), and natural disaster (Ignatova 2007).

Methods

The nature of the pandemic created social upheaval in nearly every sector of society. A glimpse at media accounts regarding the pandemic reveals coverage of everything

from meat processing to truck drivers to online religion social network sites. There is too much variety to use single theories or “sociology of” approaches and still capture the breadth of the social construction of the virus. Rather, a grounded theory approach using two “transect” samples that show all the layers of society at two meaningful points of time was used in this study.

Selection of dates and media articles for sampling

California was the first state to issue a statewide stay-at-home order on March 20, 2020. By March 30, as many as 256 million people in the United States were under stay-at-home orders. Highly populated states Texas and Florida issued orders on April 2 and 3, respectively, and a few states including Wyoming and South Dakota never enacted statewide stay-at-home orders. Friday, March 27, 2020, was selected as a representative “shutdown” date to sample media articles. Indiana and Vermont were the first states to begin lifting closure orders on April 20. By May 20, all 50 states had initiated a phased reopening. Friday, May 1, 2020, was selected as a representative “reopening” date to sample media articles. By May 1, greater than 180 million people in the United States were living in 29 states that had begun to reopen.

Forty five different online media sources listed on the Ad Fontes Media Bias Chart (www.adfontesmedia.com) were included in the analysis, aiming to cover all the news sources across the bias spectrum within two points of time. The chart includes sources from a range of political biases and reliability. The Wayback Machine internet archive (web.archive.org) was used to access the main page of each of the media sources for March 27 and May 1. Only print articles pertaining to coronavirus, COVID-19, and the pandemic were included. Several media sources were behind paywalls and were not included. Analyzed were 228 articles for March 27 and 147 articles for May 1. Articles were archived as PDF documents in a shared drive and were coded for both deductive and inductive codes. Grounded theory methods guided the move from more concrete codes to a level of categorical coding. This led to a reexamination of the existing literature on the topic and the inclusion of more literature. Processual codes emerged as the draft was constructed with the new literature integrated. Lastly, the data were reexamined for concrete examples to utilize in the final version.

Limitations

The focus of this study was exclusively on representations in online news media, even though social media was also central in disseminating information about the viral outbreak. Social media is increasingly becoming a leading source of information. The discussion of COVID-19 and the pandemic on platforms such as Twitter, Instagram, and Facebook is of considerable interest but is beyond the scope of the current work.

Moments in the viral cloud of SARS-CoV-2

The conjoint constitution of viruses creates chaos in the media and therefore the national consciousness. A pandemic confuses the boundaries between the virus, the host, and the cultural practices that spread the virus, pointing to the need to present results as moments in the viral cloud. Both the naturalization and humanization of viruses were predicted from previous literature, but a media analysis of novel coronavirus in 2020 resulted in a viral cloud that swung between poles of naturalization and humanization extremely quickly, ultimately resulting in demedicalization.

Switching between natural and cultural

The viral cloud of SARS-CoV-2 had many moments of naturalization during the period examined. Early accounts of the emergence of the virus in China are numerous at both points of time. But, in earlier accounts, the cause seems to matter less than the effect of the pandemic. Early on, the virus is compared to a wildfire or a natural system:

. . . Burned through the world . . .

“China had a bonfire in Hubei but was stamping out sparks everywhere else. We’ve now got a bonfire in NYC and campfires almost everywhere else – and all still shooting out sparks.”

The virus is compared to a moment in time, naturalizing the pandemic:

However, the coronavirus has been something of a uniting moment for Salvadorans, who seem to recognize its many risks for the nation’s public health system and the economy.

There is also a focus on the cellular processes, rather than making social villains out of the microbes. Moving closer to social agency, but still rooted in natural reality, are anecdotes that give the virus agency at the cellular level:

Having internalized years of anti-terrorism messaging following 9/11, Americans resolved to not live in fear. But SARS-CoV-2 has no interest in their terror, only their cells.

At reopening, the emergence and origins of the virus are transformed into a cultural event, rather than a purely natural one. This sets the stage for the “re-emergence” after the lockdown to be seen in mainly cultural terms.

Humanization of the virus exists in the viral cloud when the virus is personified as a human being. Examples include highlighting the *behavior* of the virus, or comparing the virus to a criminal or enemy. Some of the less harmful behaviors include

one media account describing how the virus is somehow experimenting on and evaluating society. The virus had also “insinuated itself,” was on a “grand tour,” had “hitched a ride,” and even responded to different cultures differently:

The way the virus behaves in China or Italy will be different from how it behaves here, depending on what we do . . .

Other narratives included the virus being described as public enemy number one, as running a gauntlet, and as lurking, while fearing the assault and threat of the virus. The virus hits, strikes, ravages, and devours. Numerous references to a common and invisible enemy are found: “This new information will drive the next phase in our war against the invisible enemy.” War is also found humanizing the virus, especially in our response, that requires “fighting, beating, and battling” the virus, and we are all awaiting the “fallout.” There are “front-lines” and “death tolls.” This event even has a name:

Millions of Doses of Remdesivir, Promising Drug in *Virus War*, Could Be Available by Next Year

Boris Johnson proclaims we need to “fight back” after losing the battle for so long. In the USA:

It’s also a reflection of the country’s wartime stance against the coronavirus. Trump has encouraged the public to view him as a wartime president locked in “our historic battle with the invisible enemy.” Public leaders of both parties have also urged Trump to invoke the wartime Defense Production Act, which allows the federal government to redirect factories to address equipment shortages.

There are “wartime” levels of investment and mobilization of resources needed, and one account asks us:

Other than isolating and maintaining social distancing, how can you become a soldier in the global fight against coronavirus? At reopening, the metaphors are less extreme, and the media seems more sarcastic in descriptions of the virus as human. There is a denial of the hybridity of the virus, and a rejection of the complexity of the situation. Could this social agency of the virus represent a confusion that cannot deal with a conjoint constitution?

Demedicalization through collective dissociation

From the literature reviewed, it was apparent viruses are barely given a role in society, let alone novel viruses. Rather, viruses relinquish their agency and come to represent social change through processes of socialization. Viral clouds can help

make sense of the natural and cultural forces without conflating them. The emergence of the outbreak in China led to a focus on the political dimension of the pandemic, rather than the purely biological. The politics of naming the virus the “Wuhan” virus constructs the possibility, for some, of not just a metaphor of “military invasion” by an “anti-American” virus, but of an actual reality. Racist messaging is more than pandering to a base, but rather the engine of a demedicalization process. There are also less political framings that still make the virus an object of culture, further unraveling the biological: “The virus has crashed economies and broken health-care systems,” “The coronavirus is bringing about a strange revival of neighborhood life,” “The virus has turned a tourist destination into a reclusive suburb.” This “job-eating virus” has also upended the world, thrown millions out of work, rekindled interest in immigration control, unleashed a surge in the demand for food, demonstrated the value of globalization, and created political openings. This busy virus is also learning about New York City, testing the resilience of even the most well-equipped healthcare systems and setting the timeline for the response.

During the lockdown, which was a cultural treatment for the virus, the pathogen was socially constructed as a threat to the economy. Over the course of lockdown, the response is cultural, and this is reflected in the codes; we don’t have a natural way to fight the virus. The effect of the lockdown socializes the virus, making it part of culture. Reopening is only possible with a construction of the virus as a cultural force. Eventually the virus as a biological agent is eliminated from discussion, and it becomes part of culture. In March, the elements of the virus highlighted include its invisibility. There are many more references to preparing to fight a war. The data collected reflect construction of the virus as an active cultural force.

In contrast, by May the public was seen as “performing the virus.” This builds on the naturalization process, in which the virus spreads due to close contact, instead of the virus executing some villainous process. In other words, the virus becomes more of a cultural, passive object than a cultural force. This performance of the virus, alongside the transformation into an object, represents a viral cloud of demedicalization.

As the medical community shapes perceptions about a pathogen, people resist the risk of the pathogen and begin to demedicalize the phenomenon (Laurent-Simpson and Lo 2019). Demedicalization of novel coronavirus represents a climax of biological and cultural virality, made possible through the accelerated nature of the pandemic, the rapid economic downturn, and a collective dissociation to deal with the trauma. This demedicalization process is a way of living in a new normal. Individual dissociation is an adaptive strategy to split off the mental activities from the physical body, resulting in a loss of identity or meaning. For society to exist, collective dissociation may occur via a split between natural and cultural realities that demedicalizes the virus. This is demonstrated by media accounts claiming:

When asked about Uncle Sam’s ability to check Mother Nature, more blame the government for the virus spreading the way it has than say it was unstoppable.

Accounts of church attendance causing outbreaks led to a claim that evangelism was spreading the virus. More examples of dissociation are found in the confusion surrounding the concept of “seeding” a viral pandemic. In some cases, the virus is an active agent:

The virus had already seeded . . .
 A state that was seeded early by the virus
 In others, technological systems are the active agent:
 . . . subway system seeding the virus throughout the city . . .

Simultaneously, the “inevitable trajectory of the virus” is proposed as a natural pattern of spread; it is what a virus does.

Acceptance of conjoint constitution as healing trauma?

Collective dissociation through demedicalizing a threatening pathogen results in a search for meaning. Over a short period of time, the first glimpses of a conjoint constitution become visible. In other words, an acceptance of a socializing of the virus becomes possible as a solution to collective dissociation. Reexamining the spread of the virus as a conjoint constitution sheds new light on how both humans and viruses are engaged in a viral cloud of spreading without requiring a split into natural and cultural categories. Close, prolonged contact between people allows the viral cloud to widen; it is not the ultimate destiny of the virus to carry the narrative alone. Nor are humans solely in charge of the process of spreading the pathogen by their own choices. The public health campaign to “slow the spread” becomes about the temporal pacing of a viral cloud. Living through a conjointly constituted spread of a pandemic, virality becomes both a cultural metaphor and a new trend in defining viruses as biological processes. In March, the acceptance of conjoint constitution is demonstrated:

. . . the virus scattered around the country on the wings of hundreds of thousands of individual decisions.

Here is an example that builds a case for viral agency, while constraining this freedom on the cultural structure and choices of humans. A fully developed acceptance is found in May:

The virus and the steps taken to curb it, including the closure of nonessential businesses, have had a devastating effect on the economy.

This is a complex statement fully identifying the causes of economic destruction, demonstrating a moment of clarity in a viral cloud.

Conclusion

Historically, the viral and human travel out of Africa during outbreaks caused fear associated with globalization. Racial othering during the avian flu and risk of pandemic influenza brought fear associated with emerging infectious diseases to a new level with glimpses of a global security regime coming online. Finally, SARS-CoV-2 emerged in a world culturally unprepared for a global health crisis due to cresting populism and the “triple threat” of nationalism, neoconservatism, and neo-liberalism (Ryan 2021, this volume). SARS-CoV-2 entered a layered cultural and biological landscape, all of it shaping how a crisis of meaning making during spring of 2020 resulted in collective trauma (Buzolits et al. 2021, this volume).

Many narratives in the media accounts of the pandemic quickly left behind the virus as an active force. By recasting the gaze on the early landscape of the pandemic with the virus as an example of conjoint constitution, sense can be made of collective trauma. Debate about viruses is a debate about human society because biology and culture come together through the processes these microbes enact. In the early months of the pandemic, the only effective treatment was a cultural response, that of stay-at-home orders. With this response, only one side of the conjoint constitution of viruses was emphasized, pushing the media to highlight cultural constructions of the virus, which set into motion the demedicalization trend.

Initially and eventually, the virus is invisible. Cultural causes and effects are all that are usually seen in a pandemic, as experts are the only citizens able to navigate the microscopic realm. The viral cloud can make the virus visible, *in relation to culture*. When a pandemic becomes a social reality, a society needs to have a socialized virus to make sense of how the agency of this microscopic agent has changed their behavior. The public interacts with these constructions in everyday life via the media. While viruses have always been part of society, their constructions by claimsmakers are more numerous and social than the viruses themselves. These constructions are how viruses become true members of a society. They also work to enact praxis, or action/doing. Do we mobilize resources as if in a wartime effort? Should the president authorize the Defense Production Act? Do we let inmates out of jail using historical pestilence laws rooted in ancient ideas of contagious disease? These result in real consequences, whether a pandemic is a war, a natural disaster, or an ecological imbalance. The master frame that emerged in the naming of SARS-CoV-2 was the *novel* coronavirus. Newness is the defining feature of this pathogen. Is the virus–society landscape being completely reconstructed due to this pandemic event, as a result of this master frame? Could we say a pandemic, both its natural and cultural dimensions, is a unique event now, requiring a unique response?

Many scholars propose new approaches such as epidemic orders (Caduff 2010) that shed light on the complexity of untangling the natural, cultural, and public health knots at the heart of emergence events. The authors agree that this complexity is a useful starting point for exploring an interdisciplinary “sociology of

COVID-19” as the effects of the virus and the effects of the pandemic response are impossible to untangle. Similarly, the movement known as ecological virology advances a new model of viruses with distributed agency. Could emphasizing viral conjoint constitution help move away from the crass constructions of viruses with humanized characteristics, as well as purely natural understandings? Conjoint constitution also sheds new light on approaches to health behaviors and the social determinants of health that are often cast as solely the realm of social science. For example, asking how vaccines, social distancing, contact tracing, and masks work within a conjoint constitution of viruses leads to fruitful conversation and potential solutions as we move into true pandemic preparedness.

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16

TREATING LONELINESS IN THE AFTERMATH OF A PANDEMIC

Threat or opportunity?

Kelly Rhea MacArthur

By the time the World Health Organization declared “social distancing” a misnomer and rather advocated for the use of “physical distancing” (Kaur 2020), the term was already cemented into public consciousness. Rather than mere semantics, it is disconcerting that social distancing could diminish the quality and quantity of social relations long after the coronavirus is contained. In this chapter, I argue that, well before the pandemic, individualistic cultural values and structural arrangements led to a crisis of loneliness. Especially since the COVID Response Tracking Study (2020) found that Americans report unprecedented rates of unhappiness since the initial coronavirus outbreak, as well as twice the rate of loneliness and less satisfaction with social relationships compared to two years ago, we as a society cannot afford to further restrict social interaction or community involvement from preexisting levels. The pandemic and continued social distancing guidelines pose either a threat that exacerbates – or an opportune time to address – loneliness. To avoid the former and promote the latter, I propose that the diagnosis and treatment of loneliness in clinical settings might be an effective mechanism through which to address the public health epidemic of loneliness.

For quite some time, Western societies have been facing an epidemic of loneliness in which almost half of the population report regularly feeling lonely (Cigna 2018). These alarming rates of loneliness are paradoxical given that society is seemingly more connected than ever through technology, pointing to the distinction between being alone and feeling lonely. Indicators of social isolation, such as living alone, increase the risk for loneliness, but people can be content in solitude. Conversely, individuals can be lonely when surrounded by others (Cornwell and Waite 2009). Thus, individuals’ objective circumstances are not always related to feelings of loneliness, as represented by the idea to which sociologists often refer. The Thomas theorem dictates that if situations are defined as real, then they are

real in their consequences (Merton 1995). Or, simply put, perception is reality. Thus, if people do in fact *feel* lonely, then the adverse effects on their health can be severe, leading some to label high rates of loneliness a public health epidemic (Holt-Lunstad 2017).

Loneliness as a public health epidemic

Not everyone agrees that loneliness should be conceptualized as a public health epidemic because overstating the extent of the issue obscures who is most at risk (Klinenberg 2018a). Nonetheless, the idea that social relationships are unequivocally integral for health is not new, dating back to Durkheim's 1897 *Suicide* study that found various degrees and types of social integration are associated with suicide rates (Durkheim 2005). More recently, social network analyses show how behaviors spread among networks. Both suicide and loneliness are "contagious" in that having a lonely or suicidal individual in one's social network – even a friend of a friend of a friend – increases the likelihood that one will become lonely or suicidal (Christakis and Fowler 2009). Despite the clear dangers of extreme isolation, there is only a weak relationship between objective measures of social integration and feelings of loneliness (Fischer 2011). Nonetheless, societal trends, such as choosing to live alone, living longer, delaying marriage, and having fewer children, are reason for concern in the context of a pandemic that necessitates limiting interaction even further.

What may be less obvious than the relatively rare threat of objective social isolation is that research consistently demonstrates that *perceived* social isolation, or in other words loneliness, is associated with nearly all health outcomes (Hawkley and Cacioppo 2010; Holt-Lunstad 2017). Loneliness is related to both physical health, including cardiovascular disease and all-cause mortality (Caspi et al. 2006; Shiovitz-Ezra and Ayalon 2010), and mental health, including depression/anxiety, dementia, and suicide ideation (Cacioppo and Cacioppo 2014; Hawkley and Cacioppo 2010; Cornwell and Waite 2009). Conversely, greater social connection is associated with a 50% reduced risk of death (Holt-Lunstad, Smith, and Layton 2010). And, just to be sure, a recent meta-analysis shows that the influence of the quantity and quality of social relationships on mortality is comparable to other well-established clinical risk factors, such as exercise and obesity (Holt-Lunstad, Smith, and Layton 2010; Holt-Lunstad 2017; Pantell et al. 2013). In fact, statistical analyses estimate that feeling lonely is worse for health than smoking 15 cigarettes a day (Holt-Lunstad, Smith, and Layton 2010). Considering the great deal of stress that loneliness puts upon the mind and body, it is not surprising that some people struggled to comply with coronavirus quarantine guidelines.

The main reason loneliness produces such a large range of adverse health effects is because humans are inherently social creatures. Much of sociology is premised on this notion that the self develops only in relation to others (Cooley 2016; Mead 2015). Evidence from experimental psychology, evolutionary biology, and

neuroscience also support that human brains are “wired to connect” and that people evolved to favor cooperative, prosocial behavior as a survival technique (Cacioppo and Patrick 2008; Lieberman 2013). As arguably the most prominent scholar of loneliness and health, Cacioppo and colleagues (Cacioppo et al. 2000; Cacioppo and Patrick 2008; Hawkley and Cacioppo 2010) demonstrate that the connections between loneliness and health reflect human instinct to develop meaningful human connections. In fact, a majority of people rate love, intimacy, and social connections as the most important contributions to their happiness (Cacioppo and Patrick 2008). Scholars across academic disciplines agree that social relationships are at the center of what defines humanity, as well as what presents the biggest threat to well-being. Distancing during the coronavirus pandemic presents an even larger threat to public health if it creates patterns of social interaction that constrain relationships indefinitely.

Loneliness is a universal experience, as everyone feels lonely at some points. In fact, a transient state of loneliness can be induced under hypnosis (Cacioppo et al. 2000). It is *chronic* loneliness that is detrimental to health, estimated to afflict 15%–30% of the population (Hawkley and Cacioppo 2010). Longitudinal studies document the deleterious effects of loneliness at earlier stages of the life course on health outcomes later in life (Caspi et al. 2006; Hawkley et al. 2010; Shiovitz-Ezra and Ayalon 2010). Hawkley and Cacioppo (2010) argue that loneliness becomes chronic through a process in which lonely people get stuck in a psychological cycle characterized by hypervigilance, causing them to deem all social situations as threatening. In turn, these negative appraisals lead to further self-isolation and increased feelings of loneliness. The cycle then perpetuates as this patterned way of thinking is solidified within people’s pathologies and it becomes difficult to break out of the cycle. Even though lonely people undoubtedly are prone to producing a self-fulfilling prophecy in which they perpetuate their own loneliness, a purely pathological explanation is not sufficient. Although there are reciprocal effects between loneliness and clinical depression, their health effects are not equivalent, as research shows that loneliness is a specific risk factor for, but distinguishable from, depression (Cacioppo and Patrick 2008; Cacioppo et al. 2006). Since loneliness is a feeling that is not always related to one’s objective circumstances of social isolation and/or depression, it begs the question: Why were so many people – pre-coronavirus – lonely, especially given constant access and opportunity to stay connected through technology?

How did we get here? the decline of social capital

As becomes clear upon critical reflection, society has been practicing a form of social distancing for decades. On the one hand, coronavirus has highlighted how connected everyone is. On the other hand, it has made it abundantly apparent just how disconnected people have become. In addition to pervasive feelings of loneliness, other indicators suggest the same pattern that, for some time now, society

has been becoming increasingly disconnected (Putnam 2000). That is, for about half a century, society has experienced a loss of community that once fostered the development and maintenance of strong, meaningful ties, what sociologists refer to as the decline of *social capital*, generally defined as the “more or less institutionalized relationships of mutual acquaintance and recognition” (Bourdieu and Wacquant 1992, 119).

In his seminal book *Bowling Alone*, Putnam (2000) shows that measures of social capital – voting, volunteering, community organization membership – have been decreasing at alarming rates for decades. There is contradictory evidence as to whether social capital has actually declined in quantity or if the nature of social relations has just qualitatively transformed alongside technological advances. Two related arguments include that Putnam’s civic engagement measures do not capture other important types of social capital that have not declined (Fischer 2011) and that the internet supplements, but does not replace, face-to-face interaction in a positive way (Quan-Haase and Wellman 2004). These scholarly debates aside, the vast majority of social scientists who employ one of the plethora of social capital measures – such as social networks, social support, social integration, social cohesion, social dis/connectedness, social ties, social solidarity, social infrastructure, social trust, and social isolation – come to similar conclusions that the degree and quality of social relationships have been deteriorating over time (Berkman and Glass 2000; Christakis and Fowler 2009; Cornwell and Waite 2009; Cudjoe et al. 2020; Kawachi and Berkman 2000; Klinenberg 2015, 2016, 2018b; Putnam 2000; Thoits 2011; Turner and Turner 2013; Umberson, Crosnoe, and Reczek 2010; Wilkinson and Pickett 2011). In examining a variety of different outcomes, studies point to the same process of diminishing social ties, which compromises humans’ inherent need to be socially connected and, in the process, jeopardizes physical and mental health. As quarantine measures were first being put in place, and distancing encouraged thereafter, people living in Western societies went into isolation already disconnected from their communities.

Cultural values: capitalism, individualism, and inequality

While pathological and evolutionary/biological perspectives explain a portion of why chronic loneliness affects health, a sociological perspective points to how cultural values and structural conditions lead to loneliness. Using Cacioppo’s conceptualization of loneliness as the gap between humans’ genetic predispositions to be connected to others and what the social environment provides (Cacioppo and Patrick 2008), one can see how capitalist culture promotes individualistic ideals that are not conducive to prosocial behavior. In examining what the social environment has been providing, it is useful to borrow journalist Hari’s (2019) use of “junk values” as analogous to “junk food,” in which he makes the argument that culture promotes values of individualism, materialism, and consumerism. In fact, a meta-analysis found that multiple measures of materialism are significantly associated with lower personal well-being (Dittmar et al. 2014). To provide another

example, a study found that while Americans who actively pursue happiness suffer from *worse* health, those in more collectivist societies who pursue happiness experience an improvement in well-being. The authors attribute this discrepancy to Americans' misplaced pursuit of happiness through self-centered means as opposed to through social engagement (Ford et al. 2015). Reinforced by social media that encourages people to compare their status markers to others' (Vogel et al. 2014), people tend to be driven by these junk values that ultimately do not facilitate happiness and instead leave people feeling disconnected from each other, their work, and the natural world (Hari 2019).

The same junk values that ineffectively encourage people to pursue happiness have led to an unprecedented degree of income inequality (Wilkinson and Pickett 2011). Absolute income is less influential than income inequality – the gap between the rich and poor – for predicting a vast array of health outcomes within countries, but not across them (Wilkinson and Pickett 2011). These findings suggest that it is not material deprivation that makes people unwell, but inequality itself. In effect, extreme levels of inequality contribute to the public health epidemic of loneliness by creating class divisions, which is compounded by other systems of stratification, most notably by race and gender/sexuality. Cultures characterized by capitalistic ideals produce the expected outcome of widespread loneliness and, thus, in highly individualistic cultures, it may be exponentially more difficult for people to fulfill their social needs during a pandemic than in more collective societies.

The coronavirus has highlighted social divisions through its uneven spread across various social statuses (Nanda 2021, this volume). There is a catch-22 for socioeconomically disadvantaged groups who are more likely to be in poor health compared to their more privileged counterparts (Link and Phelan 1995) in that practicing strict distancing protects health as it decreases risk of coronavirus but hurts health by increasing risk of loneliness. Furthermore, those who are disproportionately affected by coronavirus may have already been at increased risk of having lower quantity and/or quality social relationships due to inequalities, including racial/ethnic minorities, lower income, older, and LGBTQ+ individuals (Cudjoe 2020; Klinenberg 2016; Skinta, Sun, and Ryu 2021). Despite public service campaigns touting that we are “Alone Together” (Brehm 2020), the burden of coronavirus has been disproportionate (Nanda 2021, this volume), highlighting deep-seated social inequalities, such as the 3.5 times higher risk of dying from coronavirus among African Americans compared to Whites (Gross et al. 2020). To provide another example, in this volume, Lynnette Porter (2021) highlights how the lives of older folks have been considered sacrificial and secondary to the goal of restoring the economy. As a result of the renewed prominence of social divisions, people may feel even more disconnected from each other.

Reconnecting: a call to diagnose and treat loneliness

To counteract the threat of junk values and social inequalities while distancing, increasing social contact through “social snacking,” such as through the telephone,

virtual worlds, and social media – or developing “parasocial relationships,” such as with pets, a higher power, or even television characters – can ease social pain (Cacioppo and Patrick 2008). In the long term, however, these are not effective replacements for close emotional and physical human relationships and, although the research is mixed, overreliance on social media might exacerbate loneliness rather than mitigate it (Bruce et al. 2019; Song et al. 2014).

A substantial number of studies evaluate the efficacy of various interventions designed to reduce loneliness at the individual level. In a meta-analysis of loneliness interventions, Masi and colleagues (2011) found that, as opposed to those that focus on social support, social skills, or social interaction, interventions that target maladaptive social cognition are the most effective in reducing loneliness, consistent with Cacioppo’s theory of loneliness that emphasizes a psychological cycle characterized by hypervigilance and negative social appraisals (Hawkey and Cacioppo 2010). The authors conclude that the effect of interventions on loneliness is minimal (Masi et al. 2011). Since parasocial relationships and social snacking are not sufficient, and loneliness interventions are largely ineffective, more long-term solutions are needed to combat the loneliness epidemic alongside other considerations arising from the new “coronavirus era” that is suspected to change social relations (Taylor 2020).

One intervention that has received little attention is diagnosing and treating loneliness in clinical settings. The social determinants of health are well established, as socioeconomic status is inextricably tied to health (Link and Phelan 1995). Although I am not the first to suggest that physicians should address loneliness (Heinrich and Gullone 2006; Pantell et al. 2013), I renew the call in order to more explicitly propose a shift in focus from loneliness as a cause of health to a *type* of health – a diagnosis of sorts – as related to, but conceptually distinct from, both physical and mental health.

There are several challenges in answering the call presented here to diagnose and treat loneliness by capitalizing on the established authority of the medical domain. Most notably, when a society that previously considered a behavior/situation social then comes to define it as medical – what is called “the medicalization of society” (Conrad 2007) – the logical solution likewise becomes medical. On the one hand, in this case, medicalizing loneliness could result in ineffective strategies, such as a pharmaceutical, that do not reflect the evidence about the social etiology of loneliness. On the other hand, creating a diagnostic category separate from depression and other mental illnesses might avoid the potential pitfalls of medicalizing loneliness. To be clear, the suggestion to medically diagnose loneliness is based on the premise that the appropriate treatment would be social in nature, akin to “social prescribing,” which is the practice of providing official doctor referrals to nonclinical, often community-based, services, such as “prescriptions” for group walking programs, community gardening, and farmers markets (Leavell et al. 2019). There is evidence, albeit limited, that doctors who engage in social prescribing witness an improvement in patient outcomes (Kellezi et al. 2019). Medical training would

also need to further shift its strict focus away from the biomedical aspects of health/illness toward more explicit emotional training, an educational trend that has already been gaining force as of late (Vinson and Underman 2020).

Another challenge to addressing loneliness in clinical settings is that the well-being of the healthcare workforce is not strong, as doctors are subjected to the same societal/cultural processes as everyone else. In effect, physicians themselves have been experiencing loneliness (Ofei-Dodoo, Ebberwein, and Kellerman 2020), which in part might explain why, by all indications, they are in poor health; research shows that healthcare providers have elevated rates of professional burnout, depression/anxiety, substance misuse, and suicide (Dyrbye et al. 2008; Jackson et al. 2016). In addition to doctors' loss of connection in general comparable to that of the general population's, physicians' health may be suffering because, due to a variety of cultural/structural forces within and outside of medicine, their emotional ties to patients specifically have weakened over time (Brazeau et al. 2010; Shanafelt et al. 2005).

Uncertain future: opportunity for a win-win

Clinical empathy, generally defined as physicians' cognitive capacity to take the perspective of their patients and communicate that understanding, is one indicator of the quality of the doctor-patient relationship (Halpern 2001). Despite its importance for a range of patient outcomes (Derksen, Bensing, and Lagro-Janssen 2013), empathy levels are less than ideal in that patients often report disappointment in doctors' abilities to relate to them as humans (Halpern 2001). In addition to patient outcomes, studies show that greater clinical empathy is associated with less burnout and depression among the doctors themselves (Brazeau et al. 2010; Shanafelt et al. 2005). Making the treatment of loneliness standard practice could produce a win-win situation in that it could simultaneously improve both doctors' and patients' well-being by increasing clinical empathy. As coronavirus will inevitably intensify the dangers of doctoring, strengthening the doctor-patient relationship will become paramount – as strong, meaningful relationships with patients have the potential to serve as a buffer to the stressful demands of providing health care (MacArthur and Sikorski 2020).

As it were, before coronavirus, only a little over half of Americans reported having meaningful in-person daily social interactions (Cigna 2018). Just as a fever might alert a person that one is physically ill, loneliness is a warning sign that one is in social pain and so it is temporarily beneficial because it provides motivation to seek out ways to reconnect (Cacioppo and Patrick 2008). And, as some scholars point out (Fischer 2011; Klinenberg 2013), individuals tend to find creative ways to compensate for deficits in relationships in order to meet their social needs. When social and economic conditions change as they have with coronavirus, social relationships change as well. However, people tend to adapt in order to preserve their closest relationships with friends and family (Fischer 2011). Anecdotally, people

across the world adapted accordingly by spending more time with their families during the pandemic. For example, people were depicted celebrating cultural milestones with loved ones through glass windows and socializing by having virtual happy hours using videoconferencing technology.

In addition to individual efforts to stay connected, social solidarity more collectively also has the potential to protect public health (Klinenberg 2020), as Ryan (2021, this volume) advocates for a global humanity that will protect against the triple threat of neoliberalism, neoconservatism, and nationalism that threatens to become solidified by the socioeconomic conditions caused by coronavirus. One method that could foster social solidarity is performing altruistic acts, which research shows can significantly improve loneliness (Cacioppo and Patrick 2008). Paradoxically, during a pandemic, the greatest altruistic, community act is distancing and/or quarantining. Unfortunately, a (relatively small) group of Americans have resisted such measures for the public good and have instead displayed what Blum and colleagues (2021) term the “toxic wild west syndrome” in that they protest their displeasure with *any* restrictions on what they perceive to be their “freedoms” regardless of the potential harm to others. Nonetheless, symbolically displaying social solidarity, such as Italians who sang together from apartment balconies or New Yorkers who applauded frontline healthcare workers in unison, could lead to an actual turn to more collectivist public health policy, illustrating why the “Alone Together” message is important – and the distinction between social and physical distancing.

Despite the risk of inappropriately medicalizing loneliness and adding to physicians’ stress burden, an explicit turn to diagnosing and treating loneliness in clinical settings could help to remain vigilant against the threat of a “social recession” that distancing and quarantining pose (Murty and Chen 2020). Furthermore, standardizing loneliness treatment within healthcare could provide the impetus for the cultural shift that is necessary to address the loneliness epidemic, as it could institutionalize relationships as a type of health outcome in which the appropriate treatment is social. It remains to be seen whether the new coronavirus era, and the distancing it may necessitate, will exacerbate the loneliness public health epidemic or provide an opportunity to collectively reassess our cultural values and structural arrangements that shape our social relationships and, in turn, affect our individual and collective well-being.

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17

MANAGING TRAUMA EXPOSURE AND DEVELOPING RESILIENCE IN THE MIDST OF COVID-19

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The coronavirus pandemic brought unprecedented levels of uncertainty, fear, and existential anxiety to people worldwide. In addition to worries about oneself and one's loved ones, individuals across the globe were exposed through international media coverage to the suffering, loss, grief, and trauma of countless others. As we have moved from the initial to the extended crisis, behavior patterns emerged as people cope with the stress of both their own rapidly changing lives and exposure to the suffering of others. While some of these behaviors are decidedly prosocial and helpful to individuals and communities, others appear rooted in normal but maladaptive responses to trauma exposure. In this chapter, we will explore the range of these responses primarily within the framework of *trauma stewardship* in an effort to understand these social behaviors and discuss implications for supporting healthy and effective responses to crisis and human suffering (Lipsky and Burk 2009).

What is trauma?

Judith Herman (1997) in her pioneering work *Trauma and Recovery* began to broaden the understanding and conceptualization of trauma. She moved it from something that existed outside of normal daily life, like war or natural disaster, to exploring the pervasive, daily nature of trauma. "Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life" (Herman 1997, 33). In 2013, the American Psychiatric Association expanded the definition of trauma in the fifth edition of the *Diagnostic and Statistical Manual (DSM-5)*. According to this most recent version, one may be exposed to trauma by (1) directly experiencing it, (2) directly witnessing it, (3) learning about the trauma of a loved one, and/or (4) exposure during

professional duties (American Psychiatric Association 2013). And while this definition more thoroughly encompasses the human experience of trauma, it still falls short. It neglects more insidious, covert, and cumulative forms of trauma, including media exposure and the impact of social and systemic forms of oppression. For the purposes of this work, trauma is defined as life experiences which cause fear, pain, hurt, loss, and shame, which, if left unacknowledged or unhealed, may disrupt a person's psychological, physical, mental, and relational well-being and functioning. These experiences share the characteristics that one perceives (1) the event as overwhelming, unexpected, or uncontrollable, (2) oneself as helpless, and (3) oneself as under threat of physical, emotional, psychological, financial, or other types of life-altering harm (Wescott 2020). During the COVID-19 crisis, people of the world were exposed to a daily onslaught of news and social media describing and showing images of illness, suffering, and death as they navigated actual or perceived threats to their own well-being.

What is trauma stewardship?

Trauma stewardship is defined as “a daily practice through which individuals, organizations and societies tend to the hardship, pain, or trauma experienced by humans, other living beings, or our planet itself” (Lipsky and Burk’s 2009, 11). To engage in trauma stewardship requires awareness and attention to the feelings, emotions, and behaviors that arise in us as we observe, witness, and respond to suffering. The authors discuss three levels of trauma stewardship: personal dynamics, organizational tendencies, and societal forces. At an individual level during the COVID-19 crisis, one’s personal trauma history and exposure to pain and suffering impact the experience. For example, while some were thrilled to have time to devote to new endeavors or spend with family at home, others felt unable or uninterested in activities of daily living or struggled with the intense silence of isolation.

Organizations, including neighborhood groups, schools, employers, religious entities, and social networks, also influenced the effects of the pandemic. In times of crisis, people look to their organizations for guidance and leadership. Each organization held an opportunity to either ease an individual’s response or intensify it based on their approach. Certain employers made fast, clear choices and kept their essential workers safe, or they moved their workforce to operate from home. Individuals with clear direction from their employer were able to respond and adjust quicker with less emotional turmoil. Other organizations were less adaptable and struggled to respond effectively (Sanford, Blum, and Smith 2021). Some left the burden of safety to their employees. In these situations, employees were left buying their own hand sanitizer and cleaning wipes, creating their own social distancing protocols, and choosing whether to risk their health or their family’s health in order to keep their jobs and income.

Societal forces include existing institutional structures of government. In response to the virus, a very different approach was taken by each national, state,

and local government. From stay-at-home orders and shuttering of businesses to international travel bans, each level of government had influence on how individuals experienced the pandemic and their response to it. In a time of crisis, we look to leadership, and depending on location, the experiences within this crisis were vastly different. In addition, individuals and their communities were affected differently by the virus based on race, culture, and socioeconomic status, among many other factors (Bloom 2021; Nanda 2021; Parsons 2021; Ramsari 2021; this volume). Access to accurate information, quality healthcare, unemployment benefits, and ability to meet basic needs all influenced the intensity of the virus and one's trauma response.

What is trauma exposure response?

Trauma exposure response (TER) is recognized on the individual level, as each person navigates their response to the crisis, as well as on the social level as other's responses affect individual responses and collective actions. Lipsky and Burk (2009, 41) define TER as "The transformation that takes place within us as a result of exposure to the suffering of the other living beings or the planet." Whether one is directly dealing with the impact of the crisis – sickness, caring for ailing others, unemployment, financial instability – or listening to stories of suffering through reading articles about the virus's effects, watching media reports, and/or tracking illness and death tolls, this exposure can begin to overwhelm one's ability to process and cope. The outcome of these trauma exposure responses can take the form of compassion fatigue, vicarious traumatization, and burnout. Lipsky and Burk state, "A trauma exposure response has occurred when external trauma becomes internal reality" (2009, 42). The pandemic not only affected individuals, but also impacted us collectively as individuals observed others' responses and internalized the collective experience. Pain and suffering are both unique and shared, coexisting together.

16 warning signs of TER

Lipsky and Burk (2009) detail 16 warning signs of the negative impact of trauma exposure. It is important to note that it is normal and human to have a response to trauma exposure. We are hardwired, through mirror neurons, to respond empathetically to suffering (van der Kolk 2015). Indeed, a lack of response would signal potential psychopathology. It's the awareness of our response that is critical. The authors state, "Being open to the existence of our trauma exposure response is a critical step in trauma stewardship" (Lipsky and Burk 2009, 45). We outline each of the warning signs in this section and give an example of how these responses were witnessed on an individual level during the COVID-19 crisis.

During the pandemic, a person *feeling helpless and hopeless* experienced a heavy sense of despair and depression, wondering if there was an end in sight. Reports of *chronic exhaustion and/or physical ailments* presented themselves through insomnia,

back pain, headaches, digestive discomfort, exacerbation of chronic illnesses, and overwhelming tiredness that resembled exhaustion.

Frontline workers described *a sense that one can never do enough* when surrounded by humans suffering from the physical and medical effects of the virus. *Hypervigilance* was demonstrated in many ways – constantly checking death tolls, obsessively watching media, inability to sleep due to thoughts about the crisis and its impact. This crisis led many people's nervous systems to be stuck in a heightened state of stress and anxiety. Closely related is *fear* demonstrated by those not feeling safe engaging in their normal everyday activities.

Diminished creativity was demonstrated by those individuals seeking more structure and less chaos. Even simple choices and decisions – problem solving at work or deciding what to cook – are more difficult. *Inability to embrace complexity* occurred through resistance to new ideas or the need to view things in black-and-white categories. *Minimizing* was observed by those saying, “Well, at least I have a job,” “Other people have it so much worse,” or “I shouldn't complain about having a hard time with staying at home.”

The *inability to listen and/or deliberate avoidance* included those refusing to read any news or social media, not responding to texts or calls from loved ones, or keeping busy with physical and mental activities to avoid thinking about the reality of the crisis. *Dissociative moments* occurred when one realized they had not heard the last five minutes of a podcast, movie, or their loved one speaking.

The *inability to empathize and/or numbing* was seen in those distancing themselves from or diminishing the experience of others during the crisis. *Addictions* are another form of numbing. While this may be a clinically diagnosable addictive behavior, more often it manifests as intense focusing on an activity to distract. Examples include consuming junk food as a meal, using alcohol and other substances, and binge watching shows on Netflix.

A *sense of persecution* was exhibited in those who reacted to others' pain and suffering in a defensive or combative way. *Guilt* was felt by individuals who were able to work from home while millions of others filed for unemployment. *Anger and cynicism* were expressed on both sides of the spectrum – toward the government by those who opposed restrictions related to COVID-19 and toward those not taking precautions by those following the rules. *Grandiosity* is an inflated sense of importance related to one's work or role, which can lead to neglect of self while serving others. This manifested through essential and frontline workers serving others while ignoring physical, mental, and emotional needs of themselves and loved ones.

Although not part of Lipsky and Burke's conceptualization of trauma exposure response, it is important to note that another element of trauma is grief and loss. “Trauma inevitably brings loss” (Herman 1997, 188). Grief, loss, and mourning became an undercurrent throughout the pandemic. People's experiences of loss varied widely from the loss of a loved one's life or health, to the cancellation of important events and celebrations, to the loss of normal life activities.

Social behaviors during the COVID-19 crisis

Initial crisis

As the initial crisis of COVID-19 took hold, the experience shifted for people across the globe. Many were asked to “shelter in place,” restrict their travel, wear masks, and engage in social distancing for the first time (Mello 2021). With each new guideline, we saw a variety of social behaviors develop. For many, “panic buying” was a first instinct. Considering the warning signs of TER, we attribute this to a *fear* response. Many feared restricted access to supplies and/or food needed to survive. A recent research study from Germany confirmed this, finding that those who engaged in stockpiling toilet paper scored higher on perceived threat of the virus (Garbe, Rau, and Toppe 2020). Following the hierarchy of needs, when we feel the basic necessities of food, water, shelter, and safety are not being fulfilled, we may engage in more intense expressions of TER behaviors (Maslow 1943). According to Lipsky and Burk (2009), this fear response inspires individuals to take actions that feel protective, helping them sustain their “normal” state often with little thought to how it impacts others.

The lack or *inability to empathize* disrupts one’s ability to see how actions impact others. Preliminary research on stockpiling toilet paper has been mixed, however. Columbus (2020) found the personality trait of honesty-humility, associated with prosocial behavior at personal cost, was linked to being less likely to hoard the essential product. In other words, those with more empathy for others left the toilet paper on the shelves. We see this same challenge with empathy demonstrated by the behaviors from those who refused to follow the travel restrictions; for example, the “spring breakers.” As one young vacationer stated, “If I get Corona, I get Corona . . . it’s not gonna stop me from partying” (Elliott 2020, 0:01). At first glance, many may ask how these individuals could behave in such a way. Why would they endanger those around them for a vacation?

Minimization, another warning sign closely related to the concept of grief-stricken denial, occurs when we have exposure to high levels of trauma. Lipsky and Burk (2009) explain that minimizing affects our ability to be compassionate towards others, as we reach our limit of tolerance for new information. When we don’t have the capacity to absorb any more information, we minimize the information/current circumstance to avoid the overwhelm (107). The amount of exposure that leads to overwhelm varies by individual and depends greatly on past trauma, current trauma, stress load, and tolerance. For some individuals, one exposure is enough to minimize; others may consume large amounts of information before minimization occurs. When exposed to COVID-19-related suffering, some individuals may cope by seeing the virus as “not that big of a deal.” A spring breaker, Atlantis Walker stated, “this virus ain’t that serious, there’s more serious things in the world like hunger and poverty. And we need to address that” (Elliot 2020, 1:50). In a world filled with daily pervasive traumas, it is easy to question which

ones need our focus as well as how drastically we, on the individual level, feel the need to respond.

Another protective mechanism that individuals experience when faced with suffering is the *inability to embrace complexity*. Just as with *minimization*, where we see things as only worthy if they are deemed “extreme tragedies,” trauma exposure can lead us to narrow our focus, seeking to categorize things into easily understood groups. As seen with the “spring breakers,” their worldview was vastly constricted to what their plans were and how they themselves were being affected by the rules and regulations. Many were unable or unwilling to acknowledge the interplay between their individual actions and the effect it may have on their friends and families or communities (Blum, Smith, and Sanford 2021).

Extended crisis

At the time of this writing (August 2020), countries across the world are in various stages of reopening. For example, some states within the United States continue to have significant restrictions in place, while others enacted only brief and minor limitations. The responses to this extended crisis vary from place to place and person to person. Some individuals have begun to settle into a “new normal” where they have realized how unsustainable life prior to COVID-19 was; others are craving to get back to the way things were:

For some organizations, near-term survival is the only agenda item. Others are peering through the fog of uncertainty, thinking about how to position themselves once the crisis has passed and things return to normal. The question is, “What will normal look like?”. While no one can say how long the crisis will last, what we find on the other side will not look like the normal of recent years.

(as cited in Pringle 2020, para. 2.1)

Beginning in Michigan and spreading to other states across the US, there were several “anti-shutdown” protests where individuals protested the “Stay Home, Stay Safe” order that kept nonessential business and workers home, in an effort to slow the virus’s spread. A *sense of persecution* occurred when individuals began to feel a “profound lack of efficacy in one’s life” (Lipsky and Burk 2009, 129). These anti-shutdown protests with their “I want a haircut,” “Let my people Golf,” and “Give me Liberty or Give Me Death” stand in stark contrast to the concerns being voiced by public health officials about severe illness, healthcare facility capacity, and death rates (Meeker 2021; Rahman 2020). However, Brehm (1989) speaks to the importance of taking in specific freedoms, for when we lose one freedom it may impact or appear to impact other freedoms.

The basic idea of the theory is that a person is motivationally aroused any time he thinks one of his freedoms has been threatened or eliminated. This motivational arousal, . . . moves a person to try to restore his freedom.

(Brehm 1972, 1)

As the crisis wears on and people tire of the restrictions or lose heart that things will change, we see even greater *minimization* of the threat being exhibited in the public sphere. The message promoted by anti-shut-down protesters, conservative media, some religious organizations, and sectors of the business community downplays the seriousness of the virus and concludes normal life should resume for the sake of economic rebound. This position has set those advocating for strict containment measures and those suffering from the economic fallout in tense opposition. There is a human toll to the devastating financial impact of the shutdown. Allison Claire held a sign that said, “Behind every small business is a FAMILY . . . ALL WORK IS ESSENTIAL” (Elrick and Guillen 2020, para. 11). Yet this *inability to embrace complexity* has led to an us versus them perspective on both sides of the aisle – creating a false dichotomy of economy versus people’s lives or government control versus individual rights and freedoms. It has fueled *anger and cynicism* as people square off against one another. It also led to an increase in violent acts against Asians, as people sought a target for blame (Chiang 2021; Human Rights Watch 2020). This black-and-white thinking has diminished people’s *ability to empathize* with the other. They are blind to the kernels of truth in each argument, which hampers their ability to enact a more complex and nuanced response.

As the COVID-19 crisis moved into the second and third months in the United States, the pandemic’s disproportionate impact on the poor and communities of color came to the fore (Bloom 2021, this volume; Dewey 2021; Nanda 2021, this volume; Mungo 2021). Thirty-one percent of Black Americans know someone who has died of the virus, compared to 17% of Hispanic and 9% of White Americans (Goldstein and Guskin 2020; Green Guerrero 2020). Though unsurprising to many, this led to *anger and cynicism* about the US government’s response and willingness to tackle long-standing racial and social inequities. Stacey Patton (2020, para. 24), voicing the possible impact of systemic racism on COVID-19 response, questioned, “Will fighting covid-19 become less of a priority if black folks become the face of the virus?” Although one might predict a trauma exposure response of *helplessness and hopelessness* within communities of color to accompany the staggering death tolls, recent data collected from April to May 2020 suggest otherwise. In low-income communities, while African Americans report higher anxiety than Whites and Hispanics do, on measures of mental well-being and optimism for the future, African Americans outscored Hispanics, who outscored Whites. The authors note the importance of the resilience demonstrated by communities of color in the face of COVID-19, “While this is not a well-known story, it is one with potential lessons for those coping with COVID-19-related uncertainty and other challenges” (Graham et al. 2020, para. 17).

Vicarious resilience

Trauma stewardship is not just about mitigating the impact of trauma exposure on our well-being; it is also about learning to find happiness, joy, and meaning despite or even within our exposure to suffering (Lipsky and Burk 2009). As described by Stamm (2010), a corresponding phenomenon to vicarious traumatization when

dealing with exposure to trauma as part of one's work is *compassion satisfaction*. The author defines this as the "pleasure you derive from being able to do your work" (12). An integral part to this is the idea of *vicarious resilience*, or the positive impacts on people who witness the healing, recovery, and resilience of those who survived trauma. In the case of the COVID-19 crisis, we expand this idea beyond exposure to trauma or suffering during work, to the exposure to suffering simply by living during this time. We can point to multiple social behaviors that demonstrate this idea of not just surviving but thriving.

An early example of resilience during this time was the "Heart in the Window" movement where people, confined to their homes, found ways to communicate love and connection through visible signs on their windows, or sometimes chalk drawings on the sidewalks or driveways. Another example of these positive social behaviors was the powerful and moving tradition of stopping all activity at seven o'clock at night to make noise (clapping, banging pots and pans, cheering) for healthcare workers. In New York City in particular, residents described those few minutes a day as an act of unity and gratitude, as the usually bustling, hurried, and disjointed city came together to both express their appreciation for the difficult job of healthcare workers and acknowledge a shared experience. In similar acts, people performed concerts from their balconies or fire escapes, encouraging sing-a-longs or sending messages back and forth. Neighborhoods banded together to insure people who were homebound were getting their groceries or medications. More people were outside, walking their dogs or sitting on their porches, patios, or stoops, and interacting, from a distance, in ways they have never done previously. Despite the isolation, loss, and fear people were experiencing during this crisis, we see countless stories of these prosocial behaviors aimed at connection, gratitude, and compassion.

Although the time of this crisis has been punctuated by acts of racism, both related to public perception of the virus's origins or who they thought was a "carrier," as well as ongoing violence and brutality targeting Black and Asian Americans, we also witnessed an unparalleled national and global movement in response. Could these prosocial behaviors that flourished during the initial and then extended COVID-19 crisis, coupled with an abundance of time and space for reflection, actually have set the stage for the outpouring of support seen for the Black community in the wake of the murder of George Floyd? We may never be able to discern the true causes, but it is clear there is a greater sense of unity within the United States in condemning violence against African Americans. From officers kneeling to honor George Floyd in New York City, the police chief in Flint marching with protesters, and the NFL apologizing for squashing peaceful protest among its ranks, there has been an unprecedented shift in consciousness around racial inequities (Croft 2020; Johnson 2020; Zaru 2020). This awareness extended to the global community, with protests in support of Black Americans erupting in European and Middle Eastern countries (Mallard and Lawson 2020).

Implications

Given the diversity of responses to the trauma of this global crisis, what can we discern from the behaviors of those who display harmful or even damaging behaviors related to *traumatic exposure responses* versus those who demonstrate positive, prosocial behaviors indicative of *vicarious resilience*? This question returns us to Lipsky and Burk's (2009) concept of *trauma stewardship*. The authors outline several practices that enhance one's ability, not only to tolerate the impact of trauma exposure, but also potentially to increase one's ability to thrive under difficult circumstances. While Lipsky and Burk (2009) offer these guidelines as practices that individuals may pursue to bolster their own resilience and enhance their ability to respond to trauma, the application of these in a larger context – to organizations, communities, and society – could help us foster healthy adaptation and functions.

The authors organize these strategies in the form of a compass, showing the four directions, with each direction symbolizing a strategy. They start with the north. "Making time for inquiry" or reflection is the first strategy for becoming an effective steward of trauma. This speaks to the need for thoughtful response, not just reaction. In instances where we see people, organizations, and communities not just reacting, but taking thoughtful, measured action is where we might observe less panic and more effective helping.

Moving to the east, "choosing one's focus" is the practice of becoming aware of one's focus and attitude in any given situation. For example, during this pandemic, whether one's focus was on death and loss or on connection and hope has a profound impact on coping and emotions and leads to a sense of efficacy and prosocial behaviors.

The southern direction is related to "building compassion," for oneself and others, and "building community." Both of these actions provide a buffer to some of the uglier behaviors observed during this pandemic – fear of others and lacking empathy – that have shown up through panic buying, acts of racism, and denial or disputing people's grief. The focus on "being alone, together" that became a catchphrase of the pandemic emphasized the global nature of our predicament as human beings sharing this earth. It seems likely this extraordinary sense of unity contributed to the unprecedented, global anti-racist movement we are currently witnessing.

"Finding balance," on the western side of the compass, is an ongoing, never-ending practice. One will never succeed in finding the perfect combination to achieve balance; an individual's needs and the external pressures that impact those needs are constantly changing. On a global scale, the COVID-19 crisis has disrupted people's sense of balance, of everyday, of their okay-ness. Automatic behaviors built into the fabric of people's lives – their daily commute, making lunches for school or work, listening to the radio in the car, wake up and bedtimes – have been interrupted. In addition, a larger sense of safety has been disrupted. Behaviors that seemed innocuous before, such as going to the store or playground, now appear

fraught with danger and a possible threat to one's life. However unsettling this dramatic shift is, perhaps this change in perception and subsequent sense of imbalance contributed to increased awareness and empathy for the struggles of diverse others. On a grand scale, society is having to consciously re-create a sense of balance from a completely new and foreign landscape. The more flexible, creative, aware, and thoughtful we are, the better able we are to create balanced and healthy lives and communities, even during a global crisis.

Finally, in the middle of this compass is the act of "centering ourselves." The last few months the people of the world have been faced with challenges not experienced before on this scale in recent human history. The impact of the social and political decisions being made during this time will have far-reaching impacts for years to come (Ryan 2021, this volume). Although there has been sickness, pandemics, death, violence, and social unrest in the past, one factor that is unique to this time is our ability to be in touch with and witness the struggle occurring on a massive scale across the globe as well as having the time and space to reflect and perhaps act.

There is a choice – to use this increased connection to and awareness of our fellow human beings to become overwhelmed, exhausted, and distressed or to build empathy, understanding, and awareness to be able to respond to others effectively. Will we choose, as individuals, organizations, and a society, to become good stewards of the trauma? Using the concepts outlined by Lipsky and Burk (2009), we can implement effective practices in our communities, organizations, and larger society to do just that and build on lessons just begun to be learned from communities that have demonstrated resilience in the face of ongoing trauma.

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18

THE COSTS OF CARE

A content analysis of female nurses' media visibility and voices in the United States, China, and India during the COVID-19 pandemic

Mari A. DeWees and Amy C. Miller

As women comprise the majority of global healthcare workers, their experiences and outcomes during the COVID-19 pandemic are indisputably significant amidst a global context of male-dominated hierarchical institutions and a heightened intersection of gender and power during disaster responses (Smith 2019; Wenham, Smith, and Morgan 2020). This heightened intersection of gender and power during COVID-19, in terms of differential experiences for women and gender and sexual minorities, is further explored by Kane (2021), Porter (2021), and Skinta, Sun, and Ryu (2021). In turn, the influential role of media in constructing a culturally dominant version of reality and the news as a critical source of public information during disease outbreaks is well documented (Gamson et al. 1992; Kee, Ibrahim, and Mustaffa 2010; Yan 2019). This highlights a powerful ability of news media to define an issue for an audience in subtle ways through processes involving selection, emphasis, exclusion, and elaboration of material (Tankard 2001). Source and quote selection serve as important mechanisms in the framing process, giving voice to some while silencing others (Eide 2011). Although Ryan (2021, this volume), identifies the pandemic as responsible for highlighting extant systemic inequalities, limited media framing continues to mask how women and other marginalized groups are more likely to shoulder the economic and social burdens associated with disease outbreaks. News media relay assumptions that choices about work, health, and caregiving responsibilities are made freely, unencumbered by social location.

The aim of this chapter is to analyze content from news reports and female nurses' quotes from three of the most visible and populous countries affected by the COVID-19 pandemic, the United States, China, and India, in order to elucidate the presence of and experiences voiced by women workers across cultural contexts on the frontlines. The high concentration of women in nursing, the heightened

(yet limited) media profile of nurses during disease outbreaks (McGills Hall et al. 2003), and globalization of nursing as “female-gendered work on the one hand and a profession on the other hand” (Wrede 2010, 472) situate it as an important point of study exploration.

Theoretical framework

Risk society

Health crises are one of several ongoing risks faced by contemporary society as latent consequences of industrialization and modernization (Beck 1992). As such, mass media play a critical role in defining risk knowledge and perceptions for the public (Kitzinger and Reilly 1997). Further, “individualization” reinforces the inequitable distribution of risk and places responsibility with the individual through institutionalized social practices and policies (Beck 1999). Gender- and class-based structural constraints not only place women in the predicament of maintaining personal health in the face of limited choices, roles, and access, but also assign women additional responsibility to family and the larger society (Beck and Beck-Gernsheim 2002). The relevance to disease outbreaks for female workers is further reinforced by Leung’s (2009) examination of women’s risk during the SARS outbreak in Hong Kong in 2003. Highlighted is the role of power and authority in facilitating women’s increased risk of exposure and silencing women’s concerns through discourses that reinforce women as natural caregivers and structural constraints that impede women from decision-making roles, questioning care responsibilities deemed implicit, and securing adequate protection.

Feminist political economy

Societal gender expectations concentrating women in formal and informal caregiving are central to understanding the risk and experiences of female healthcare workers during public health events (Harman 2016; England 2005; Cancian and Olicker 2000). In turn, without analyzing gender in disease outbreak responses, women are rendered invisible, obscuring how their risk of infection is heightened due to their position as paid and unpaid laborers. Disease outbreaks are experienced differently based on gender, race, and class, making widespread inequalities prominent during pandemics. However, inequalities are not always made visible in global health policy or practice. According to Harman (2016, 526), “women are conspicuous in the delivery of care and thus the delivery of health, but are invisible to the institutions and policies that design and implement global health strategies.” Overrepresentation of women in the nursing profession illustrates the conspicuousness of women in “the delivery of care.”

Moreover, Mason et al. (2018) reported that nurses comprised only 2% of source quotes across several media publications under study and when present,

content of nurses' quotes was geared toward commentary on the profession as opposed to statements regarding health policy. Nurses' more visible role in media during disease outbreaks is highlighted by McGillis Hall et al. (2003), with issues surrounding quality of work life and work home emerging as significant themes during Canadian news coverage of SARS. Portrayals of nurses as both heroes and targets of stigma highlight the complex nature of media constructions of these workers. McGillis and Kashin (2016) determine a lack of awareness of the critical role of nurses during the Ebola outbreak and a shift from positive to negative portrayals as the epidemic unfolded. Giving voice to individual nurses in news coverage is essential for public clarification and education as crises continue (McGillis Hall and Kashin 2016).

Data and methods

Quantitative and qualitative, interpretive content analysis of news items featuring nurses as quoted sources from the US, China, and India during the outbreak was conducted. Quantitative analysis involves coding text information for the purposes of creating counts and frequencies of occurrences (Reason and Garcia 2007) and thus was appropriate for examining the presence of female nurses as sources in the study sample news articles and their placement in specific frames. Interpretive and descriptive coding approaches were employed to examine source quote content (Sandelowski 2000). This research was largely inductive and allowed for the emergence of important themes through systematic analysis.

Print and digital news articles focused on nurses from English-language publications and services out of the US, China, and India between January 1, 2020, and June 17, 2020, were compiled. Examining high-profile, English-language news sources for these nations was important to understanding the visibility of female nurses and their experiences during COVID-19, where they may be most prolific but vary across cultures and health systems. Specifically, Nexis-Uni news database searches for terms such as "nurses" and "COVID-19" and "nurses" and "coronavirus" were conducted from archives of the Associated Press, *The New York Times*, *Los Angeles Times*, and *The Washington Post* in the United States; Xinhua General News Service, *People's Daily Online*, *China Daily*, and *China Daily Hong Kong Edition*¹ for coverage emerging out of China; and Asian News International, *The Times of India* (print and online), *Hindustan Times*, and *The Hindu* for reporting from India.²

As search results for each country across publications yielded over 4,000 articles, the top 100 most relevant articles for each country determined by the Nexis-Uni relevance sort function were selected, focusing on those that referred to nurses within each country during the outbreak. Duplicate articles and those with less than 200 words were excluded. Sample selection was then restricted to articles including nurses as quoted sources. A nurse source quote was defined as all content in the article in direct quotations that could be attributed to an individual. This process resulted in an overall initial sample size of 244 news items across the US

(*n* = 77), China (*n* = 79), and India (*n* = 88) during the time period. Most articles (72%) featured “nurse(s)” in their title and/or first paragraph, further demonstrating sample relevance.

The number of news items for each publication included in the sample and average word count across countries is displayed in Table 18.1. US news reports had the largest average word count (1,500), followed by China (836) and India (432) respectively. As a potential indicator of article prominence, higher average counts for news articles in the US sample, followed by China and India, might serve as some indication of the newsworthiness of articles on and featuring quotes by nurses during the pandemic.

Reporting from *The Times of India*, *The New York Times*, and *China Daily Hong Kong Edition* comprised the most news reports in the sample across countries. Interestingly, *The Times of India* reporting yielded the lowest average word count (380) yet the most sample articles with nurses’ source quotes (65).

Coding procedures

The quantitative component of the research involved identifying and recording variables from reports across the three countries, including but not limited to number of quoted nurse sources in sample articles, identification of source quotes as voices of men, women, or unidentified, and frames in which nurses’ quotes

TABLE 18.1 Number of Sample Articles With Nurse Source Quotes by Publication and Average Word Count for the United States, China, and India (*n* = 244)

Country	Average Word Count
United States	
The Associated Press (9)	984
The New York Times (31)	1,544
Los Angeles Times (19)	1,421
The Washington Post (18)	1,870
(<i>n</i> = 77)	Overall: 1,500 words
China	
Xinhua General News Service (19)	552
People’s Daily Online (16)	584
China Daily (18)	480
China Daily Hong Kong Edition (26)	1,206
(<i>n</i> = 79)	Overall: 836 words
India	
Asian News International (4)	436
The Times of India (65)	380
Hindustan Times (18)	484
The Hindu (1)	574
(<i>n</i> = 88)	Overall: 432 words

are situated in articles. Articles were downloaded into NVivo12 and reviewed by researchers, and relevant count variables were created using Google spreadsheet.

Female nurses' source quotes served as the unit of analysis for the qualitative portion of the study and were compiled by researchers from sample data ($n = 248$). Coders gave particular attention to language, tone, and emergence of general themes in content provided by these nurses. A draft codebook was developed after several iterations, and a subsample of 10% of the variables was coded. Inter-coder reliability was calculated using the Kappa coefficient and indicated a high level of agreement between coders ($k = .82$). A final codebook was established after discussion and study variables were independently coded.

Findings

Examination of nurses as quoted sources in the sample news articles for the three countries is provided in Table 18.2 and offers insight into the presence of female nurses' voices relative to male colleagues and those unidentified. Female nurses were selected as the majority of quoted sources in China (77%), the US (71%), India (69%), and overall (72%). Further, recent World Health Organization (2020) data reports sex composition of nurses in the countries as follows: US 89% female, 11% male, China 98% female, 2% male, India 88% female, 12% male. Female nurses' voices comprised between 69% and 77% of the quoted nurse sources across countries despite women constituting between 88% and 98% of the nursing workforce in the countries. Male nurses' voices were represented disproportionately in this study: US 21%, China 20%, and India 14%. Unidentified nurses' voices in India comprised 17% of the sample, 8% in the US, and 3% in China. While this does not speak to the visibility of nurses as quoted sources relative to all speakers featured in coverage, men's presence is noteworthy considering their underrepresentation in the profession. Including a disproportionate number of male quotes

TABLE 18.2 Sex Composition of Nurse Source Quotes Featured in Sample Articles by Country ($n = 343$)

Country (Total Number of Nurses' Source Quotes)			
	% (Count)	% (Count)	% (Count)
	Female	Male	Unidentified
United States ($n = 142$)	71% (101)	21% (30)	8% (11)
China ($n = 107$)	77% (82)	20% (22)	3% (3)
India ($n = 94$)	69% (65)	14% (13)	17% (16)
Total	72% (248)	18% (65)	9% (30)

may divert attention from the voices of female nurses, whereas unidentified source quotes could mask the presence of women in the nursing workforce, leading to sex blindness in news reports.

Exploring female nurses' voices in news more closely ($n = 248$), articles including these quoted sources were coded for frames based on headline and first paragraph content. As demonstrated in Table 18.3, news items situated female nurses' voices in treatments of individual experiences of nurses and as a general group, with the latter comprising well over half of the frames. In the US, voices predominated in the framing of professional challenges for nurses such as inadequate personal protective equipment (PPE) (87) or to a lesser extent reporting on their collective dedication and self-sacrifice. Selection of source quotes in Chinese and Indian reports was more equally split between individual- and group-level frames with slightly over half of source quotes in China included in individually focused pieces and slightly over half of those in Indian coverage framed in broader nursing reports. Voices of female nurse sources were most prevalent in the context of dedication and self-sacrifice (at both group and individual levels) in China, whereas challenges faced by nurses overall framed voices in India and to a lesser extent the dedication and self-sacrifice of nurses. Chinese and Indian female nurse sources were featured in article frames highlighting their involvement in intimate relationships and mother/family roles, whereas this context was not offered in US coverage. This may speak to traditional cultural notions of women as centered in intimate relationships and family in these countries.

Discussion of themes

From this interpretive work, two prominent themes with related categories emerged: (1) caregiving as a personal responsibility; and (2) invisibility.

TABLE 18.3 Female Nurses' Source Quote Counts by Article Frame per Country ($n = 248$)

Article Frames	United States <i>n</i> = 101	China <i>n</i> = 82	India <i>n</i> = 65	Total <i>n</i> = 248
<i>Nurses as Individuals</i>				
Total	14	43	28	85
Dedication/self-sacrifice	3	22	14	39
Challenges	11	6	5	22
Intimate relations/ mother/family roles	—	15	9	24
<i>Nurses as a Group</i>				
Total	87	39	37	163
Dedication/self-sacrifice	29	23	15	67
Challenges	58	9	21	88
Intimate relations/ mother/family roles	—	7	1	8

Theme 1: *Caregiving as Personal Responsibility*

This theme emerged in nurses' quotes across all three countries. Through the process of individualization (Beck 1999), women in global society must practice responsibility over their own health and, due to gender expectations, women are simultaneously responsible for the health of and minimizing risk for others (Beck and Beck-Gernsheim 2002). Within this broader theme, country-specific sub-themes were noted revealing how cultural, social, political, and economic forces vary across the countries shaping journalistic practices.

China: dedication and duty to the country

The voices of female nurses working on the frontlines in China illustrated their responsibility to multiple reference points (Beck-Gernsheim 2000), reinforcing the gendered expectation that women are other-oriented. Accounts of responsibility and dedication to the country were pronounced in the quote content from Chinese news sources. The preponderance of quote content emphasizing optimistic dedication to the country coming out of China is largely an effect of state-controlled media outlets in the country (Tai 2014).

"I want to help combat COVID-19 there is a tradition in China that when one is in trouble, all other sides will come to help . . . I am one of the sons and daughters of the motherland and I really want to put this love into practice."

("Hong Kong Nurse Says Ready to Help Combat Virus in Wuhan," China Daily Hong Kong Edition, February 14, 2020)

"At such a trying moment we should be in the place where we are and do what we should do as medics and also members of the Communist Party of China."

("Couple Leaves Their 2 Children Behind to Serve on Front Line," China Daily, February 18, 2020)

The United States: frustration with workplace conditions

While quote content from female nurses in China and India indicated a degree of acceptance related to the conditions within which they were working, ambivalence undergirds the quotes in this section, revealing acceptance was less driven by the individual and more indicative of "voluntary compulsion" (Beck-Gernsheim 2000), where PPE became a figurative, protective shield from uncertainty.

"It is true I felt a little worried before entering for fear of infection. But the fears vanished once I put on my protective clothing."

("Without Blinking, Beijing Nurses Stepped Into Action," China Daily Hong Kong Edition, May 12, 2020)

“When we put up our uniform, we feel the power from deep inside.”

(“AIIMS Corona Warriors Donate Blood, Say Uniform Makes Them Feel Power From Deep Inside,” Asian News International, May 12, 2020)

US nurses’ voices were characterized by frustration over workplace safety issues. The articulation of labor issues, such as lack of PPE and uncertainty surrounding hospital protocols, was a common theme. Further, job security was cited as a concern for some, while other nurses voiced frustration over compromised safety due to a lack of staffing.

“I don’t want it to be one of our nurses who ends up needing hospitalization, needing ICU admission, possibly even dying.”

(“Nurses are Forced to Reuse Masks; Despite Promises From Officials, Healthcare Workers Say They Lack Adequate Gear,” Los Angeles Times, April 14, 2020)

Frustration with the inability to carry out the quality of care expected as nursing professionals (and women), coupled with the failure of nurse managers and hospital administration to address unsafe working conditions, led some nurses into action. Reports of retaliation by administration for nurses who vocalized complaints were found.

“I am a nurse, and while I am not currently working on the front lines, I know how those nurses and doctors feel. I was one of them: forced out of a job I loved because I wouldn’t agree to stop writing and speaking about the problems in our healthcare system.”

(“The Reason Hospitals Won’t Let Doctors and Nurses Speak Out,” The New York Times, April 22, 2020)

The prevalence of vocal dissatisfaction with working conditions and engagement in labor activism may in part be explained by stricter labor laws and regulations in the US compared to China and India. Furthermore, nurses in the US benefit from strong union representation (Benson 2010).

India: frustration with stigmatization

A different source of frustration arose from nurses’ quotes in Indian news reports, with several women identifying stigmatization from others as hindering their ability to engage in caregiving and simultaneously compromising their safety. Nurses’ quote content indicates stigma was attributed to their role as nurses working with COVID-19 patients or due to contracting the virus. Stigma was encountered in both formal and informal settings by patients, landlords, shop owners, and strangers.

Nurses were compelled to manage their stigma *and* that enacted against their family members.

“The patient got impatient with a doctor and started attacking the nurse. Not one security guard came to her rescue.”

(*“Attack on Cooper Nurse, Notice to Katsurba Ward Boy Trigger Unrest,” The Times of India, April 17, 2020*)

“When I initially got symptoms I requested many people in my neighbourhood to keep my son with them for a few days. But, they refused on the pretext that other residents might object.”

(*Darjeeling Nurses Face Ostracism, Say Health Workers are Least Appreciated,” Hindustan Times, April 30, 2020*)

Even though women are more likely than men to experience gender-based violence in all three countries (Chan et al. 2008; Dey 2019; Reed et al. 2010), the experience of stigma and subsequent violence was especially prominent in quote content from Indian nurses. Domestic violence and violence against women are pervasive in India, and female nurses are particularly susceptible (Sharma and Vatsa 2011). Recent international news coverage on rape in India highlights the issue, as rape constitutes one of the fastest-growing crimes in the country (Rai 2019).

Female Nurses Constructed as Caregivers

Quote content also emphasized female nurses as caregivers whose patients become “family,” blurring the distinction between nurse and caregiver. In fact, in quotes by Chinese and Indian nurses, tasks directly associated with motherhood are described such as breastfeeding, reinforcing the expectation that women’s primary role is caregiver.

“It was a hectic night, and the baby was crying out of hunger,” “I could not keep myself away from the child. So, I decided to breastfeed her myself” [re: saving a newborn’s life in the ward] (“Maternal Instinct of Nurse Came to Baby’s Rescue,” *The Times of India*, June 1, 2020).

“I spent more time with him than any other patient in my career. It felt like leaving behind a family member” (“Stepping Up to the Task, Running to the Front Line,” *China Daily Hong Kong Edition*, May 15, 2020).

Nursing is characterized as a “caring” profession, but the profession also requires competency in technical and clinical skills. The ubiquity of quote content characterizing female nurses as mothers or caretakers during the COVID-19 outbreak is problematic since it presents a singular and gendered depiction of the contributions of female nurses.

Theme 2: Invisibility

A second critical frame in this work was the invisibility of structural conditions as they shape women’s work in nursing and imply responsibility for the health and care of others. Article frames surrounding female nurses’ quotes centered on

dedication and self-sacrifice or challenges nurses as a group experience, resulting in limited contexts where nurses' voices and experiences were heard. A mostly singular, somewhat individual focus on care responsibilities or tangible items needed to provide adequate care with little questioning or acknowledgement of the connection between their constrained circumstances and the gender structure that produces the interactional, cultural, and institutional dimensions of gender inequality was presented. It remains unknown whether the lack of connection can be attributed to the sources themselves or the selection and framing of quotes by journalists. If female nurses' voices during COVID-19 are not identifying or questioning the gender and class structures that place them in precarious situations, the likelihood that the public will do so is minimal. Therefore, responses to global health events will continue to overlook the experiences and risks of women workers, constructing their challenges in public health crises as commonplace (Mungo 2021).

Additionally, an invisibility of diverse voices was noted. Conspicuously absent was an intersectional analysis of how race and ethnicity, class, sex, gender, and sexuality shaped nurses' experiences. Limited, if any, information on nurses beyond sex was offered, and sources selected were overwhelmingly identified in normative ways. For example, journalists gave voice to women who were heterosexual, married, and had children.

Discussion and Conclusions

Central to this research was the power of media in shaping public perception of the risk and experiences of female frontline nurses. When selected, female nurses' quotes were prevalent compared to their male and unidentified counterparts. While visibility may be expected during a public health crisis (McGillis Hall et al. 2003), a presence of male and other voices as authorities may cloud female nurses' experiences. Media framing placed female nurses as quoted sources in the context of both individual-level depictions of their experiences and as part of a larger group of professionals along the dimensions of challenges faced during the pandemic and their dedication and self-sacrifice, as well as in roles in intimate relationships and as mothers and family in China and India specifically. Article frames provided a context for the placement of female nurses' voices and largely reflected cross-national differences, which emerged in the thematic analysis. Regarding quote content, two key themes that emerged were caregiving as personal responsibility and an absent frame: invisibility.

Concerning policy implications, we argue the media has the power and a social responsibility to elucidate the role that sex and gendered structures play in (1) concentrating females in the healthcare workforce; (2) making females responsible for the bulk of caregiving beyond the workplace; and (3) rendering females' complex experiences tangential to public health strategies and policy initiatives. Failure to do so silences marginalized groups and masks the inequalities that lead to differential experiences during disease outbreaks based on sex, gender, race, and

class, including how care work (paid and unpaid) is classed, sexed, and gendered. As the public forms perceptions of crises largely through media presentations, news agencies' ability to develop relationships with and be informed by social scientists and other academic researchers may lead to the development of more effective and inclusive public health responses and policy directives going forward. Connection of health workers' stories to broader social and cultural contexts within which they work and live is critical to increasing visibility of diverse voices and improving understanding of public health needs within and across nations. Further research documenting the situation of lower-paid and lower-status healthcare positions among females of color, Indigenous females, undocumented females, and gender and sexual minorities is needed.

Notes

- 1 Due to the impact of the SARS outbreak on Hong Kong, *China Daily Hong Kong Edition* was included as an article source. It is the only official Chinese government English-language news circulation for Hong Kong and Macau territories.
- 2 Comparisons between print and online versions of both *People's Daily* (China) and *The Times of India* (India) revealed little difference in substantive coverage of COVID-19.

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19

COVID-19, THE PAND(M)EMIC¹

Social media explorations from the Arab world

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On March 12, 2020, the president of the American University in Cairo (hereafter AUC), Francis Ricciardone, announced that AUC would be shifting to online instruction in light of the COVID-19 pandemic. All classes were to be conducted online, using a variety of venues including Zoom cloud meetings and Blackboard Learn. Teaching an introductory anthropology/sociology course titled “Arab Society” has been a challenge in attempting to “define,” “explore,” or appreciate the layered heritages and presents of such heterogeneous groups of people living in different time/space worlds. It has been an even harder challenge to teach this to Arab students, with few exceptions of visiting international students. How can we relate to Arab society without “othering” it? How do we identify ourselves, as “Arabs” sometimes but not “those” Arabs? How do we autoethnographically approach the subject matter?

Drawing upon the experience of the course instruction, this chapter attempts to extrapolate a succinct engagement with, and reflection on, social media and the cultural patterns of Facebook shared memes and posts in light of COVID-19. Our main argument in this chapter is that Facebook, and social media more broadly, provide a fertile ethnographic ground for anthropological reflection, especially at a time when on-ground fieldwork is rendered impossible or inaccessible. Facebook, in this particular context of Egypt during the pandemic, plays a crucial role as a “moral police”: Shared memes in the form of news, humorous updates, or racist commentary offer an analytical insight on Arab society as it currently stands in policing and maintaining the definitive boundaries of Arab societies and cultures. In a heightened moment of uncertainty, widespread rumors, and DIY ginger-infused hot drinks, the cultural patterns of shared material on Facebook narrate, document, and chronicle deep-seated beliefs, practices, and convictions of the Arab world: always a category created in the mirror image of an “other” – whether a

“foreign European,” a “rural *fellah*/peasant,” or a working-class unhygienic “other” (Ryan 2021b, this volume).

Teaching Arab society in an Arab society: offline, online, and in-between

In designing the course, autoethnographic and reflexive modes of engagement were highlighted as central to the course objective and aims. The challenge in online instruction in light of COVID-19 has been to keep the vibrant and lively class atmosphere (Cohan 2021). With a large student body of 30 students and inconsistent internet quality in Egypt, Zoom and other synchronous tools of instruction were neither feasible nor advisable. We thus created a closed Facebook group for all our class discussions, debates, and conversations.

With time, the group grew organically into a smooth, vibrant, and exciting sharing space. The ethnographic exercise at hand has been a brief experimentation at putting in conversation the skeptic academic/social scientist and the hyper-enthusiastic social media user in all of us. Social media was doing something, and it is our role as vigilant social analysts to follow through (Shifman 2014).

Facebook as a “fieldsite”?

The shift to online classes has also been an experimental period of ethnographic training for the class. Being as it is that the class was now taking place on Facebook, it slowly became an ethnographic fieldsite, in which we were pushed to stretch our anthropological and observational capacities and to make best use of this research opportunity. In a sense, this is not very far from what Mark Zuckerberg himself has announced Facebook to be, albeit pushed a bit ethnographically. At the F8 conference in 2010, Zuckerberg announced the beginning of a new phase of Facebook. In his words, “we are building toward a web where the default is social” (Miller 2011, x). And indeed, as Daniel Miller reminds us, “given that for a century we have imagined that participation in community and social relations was in decline, this reversal of previous trends seems both astonishing and particularly relevant to the premise and future of anthropology” (ibid.).

Plenty of research has explored the effects of media and social media on our own lives, politics, and changing patterns. For instance, according to Le, a collection of several editorials has proven that the media does in fact affect social movements and beliefs (2010). This power has led Le to claim that politics and media are more than just “intertwined,” rather, they are “political actors on their own” (2010, xii). While Le’s research primarily focused on French social movements, the effect is arguably evident globally: in TV shows, movies, and news that people watch on a daily basis. People seem to separate the term “media” from “social media,” which somehow gives the media a higher role than the latter. However, Waszak and Kubanek have shown that social media can easily affect the public just as much,

if not more (2018). In that sense, then, social media does play a major role in the way through which we experience our contemporary worlds, as well as express our uncertainties, anxieties, and overall sentiments especially in an overwhelming crisis/pandemic.

By following and observing what our social circles of families and friends posted on Facebook, and then thematically organizing them into genres and patterns, we were able to make a set of grounded conclusions on why and how contemporary Egyptian society uses Facebook. Far from being a close engagement with a social networking facility developed in the US, our class exercise was a close and intimate analysis of the local patterns of use, genres, and cultural expectations set upon a group of “Facebook friends” or extended family members (Miller 2011, 158; Szaflarski 2021). As an upper-middle-class Egyptian, and in light of an aggravating pandemic, what are you expected to “share” and “like,” and why? Does the use of Facebook consolidate or problematize particular cultural patterns of expressions shared elsewhere, through WhatsApp or verbal communication, for example (Miller 2011, 203)? How do these patterns of use document a contemporary Arab world?

None of us regarded Facebook or social media as a world on its own. We tried our best to use posts, material, and shared news from people we know, whether through friends, family, or mutual circles. The “online” worlds of Facebook cannot be fetishized or understood in a vacuum: The very shared images and posts can best be understood in light of one’s offline knowledge of the people (Miller and Sinanan 2017, 5). This defetishizing stance further included a conceptual engagement with buzzwords like “sharing”: Far from a Facebook creation, sharing here plays off both “sharing economies” in which your average shared Facebook post is a way of knowledge/news distribution, and “sharing intimate emotions” in which sharing features a way of communication and maintaining social relationships (Shifman 2014, 19). In a sense, then, social media unfolds as yet another cultural/social capacity that we learn by practice, playing off existing rules of governing culture and improvising new ones along the way.

We predominantly focused on “rumors” and the wider circulation of news and COVID-19 updates, regardless of their accuracy or credibility, that have been exceptionally rampant on Facebook. Sometimes, the research nodes had to include other virtual communication venues, including WhatsApp family groups in which more “news” is shared, or other friends’ groups as well in which similar viral news and rumors were circulating. Rather than attempting to follow these news sources to figure out their “truths,” the aim of the assignment was to explore the sociology of these rumors and circulating news, using these as ethnographic flesh to help us theorize the Arab worlds as they currently stand and flow.

II-Fys: normativity of Facebook in contemporary Egypt

In his comparative analysis of Facebook, anthropologist Daniel Miller relied on his Trinidadian interlocutors’ local enunciation “*Fasbook*” to better situate the local and

cultural patterns of use in his particular context (2011, 164). In a similar vein, a huge number of our interlocutors, especially the “older” generations – roughly the age group of 50 or older – use the shorthand “*il-Fys*” to describe, discuss, or even casually mention Facebook. What we need to highlight here, however, is that *il-Fys* also gradually came to be associated with a working-class/older-generation body of users: Whoever continuously and agentively says the shorthand *il-Fys* rather than Facebook is somehow condescendingly seen as either an unaware older generation user or a working-class user whose linguistic capacities somehow failed her/him to understand that Facebook is a word that cannot be shorthanded or abbreviated. The magnificence of the comparative analysis here, however, is that Facebook exists in Trinidad and – at least as far as we understand – without those grave classist undertones (2011). In fact, quite ironically, this only paves our way through the main argument here: Facebook in Egypt can be best understood as a virtual space used to create and augment exclusive socialities, ones that are classist and/or racist.

The particular use of this local enunciation is to highlight the cultural context but also the varied body of users that rely on Facebook on an everyday basis. A few years back, Facebook was regarded as a new virtual space for “Arab youth,” usually associated with courting or explicit content. It was then viewed as a “Western threat” to “our youth” who waste their time surfing posts and sharing content instead of socializing with their nuclear family or paying a visit to an extended family member. With the lapse of time, however, Facebook slowly but surely unfolded into *il-Fys*, a normative venue equally popular among youth as among parents and grandparents of Egyptians. Quite anthropologically, in fact, the very critique bashed against Facebook in Egypt was later reclaimed by these very Arab parents who then used Facebook to reconnect with distant family members and “revive” that lost sense of a communal intimacy (Miller 2011, 181). While some young members of Arab families still willingly choose not to confirm friend requests from nosey family members or opt for creating a “safe list” to their close friends only to maintain a relaxed online performance, we would still like to argue that the hyper-presence of parents on Facebook has made it more of a “normative” space akin to an Arab home salon, a room kept for visitors and thus in which most irrelevant and forcible familial “small talk” takes place. We are using normative here to denote that which we grow up indoctrinated as appropriate or expected behavior in a given society or social group, in this case Egypt as a chunk of the Arab world (Miller 2016, 22).

According to the 2017 edition of the Arab Social Media Report, Egypt witnessed the most significant growth on Facebook in the Arab world in the 2010–2017 period (Salem 2017). In that seven-year period, 14 million new users in Egypt joined Facebook. As of 2017, 30 million Egyptians have been using Facebook (out of a total population of 96 million at the time), and we expect that the numbers have risen significantly since then. In 2018, according to Statista market research company, 40% of Egyptians have active social media accounts, which would amount to more than 39 million people (cited in Daily News Egypt 2018). While a significant chunk of Egyptians are still relatively unimpacted by social

media, another significant portion of the population remains directly affected by social media and its circulating content.

Pushing this a bit further, we argue that *il-Fys* as one local manifestation of Facebook in Egypt is best characterized by its significant role as a moral police, in which families govern and scrutinize each other's moral orders as expressed through their posts, shared content, and overall presence on this online platform (Miller 2011, 180). Through Facebook, Egyptian parents and families virally share daily advice, home remedies of lemon, ginger, and vinegar, while likewise disparaging working-class armies of labor who are still failing to stay at home because of how "ignorant" they are. In and through these everyday updates, the very fabric of Arab society is brought to an ethnographic analysis/scrutiny.

In the following sections, we observe and analyze some of the main patterns of this shared content on Facebook during COVID-19. One predominant genre is memes: Some of these were shared by parents/grandparents, while others were shared among younger generations of teenagers and young adults on university groups or their average news feeds. While we might be tempted to reduce these memes to everyday humor, popular culture enunciations of contextualized references, and catch phrases, these memes here also function through the moralizing stance or reinforcing certain social norms, of handling pandemics, practicing social distancing, or quarantine baking with classist overtones.

Pand(m)emic: why memes?

The meme-as-virus analogy sees a similarity between memes and disease agents. Taking epidemiology as its model, it considers memes as the cultural equivalents of flu bacilli, transmitted through the communicational equivalents of sneezes. In internet culture, this metaphor is prevalent in the highly visible discourse on viral content.

(Shifman 2014, 11)

Playing off this semi-intended pun, we here capitalize on memes and their shared virality to explore some of the layers through which the pandemic is managed on Facebook in contemporary Egypt. As Ryan argued in his insightful introductory chapter, COVID-19 is best theorized as a "syndemic," a term best fit to grapple with the intertwining health and social/cultural dimensions of our current historical moment (Ryan 2021a, this volume). Taking this one step further, our chapter title "pand(m)emic" attempts to explore one enunciation of the health-society nexus as evident through social media platforms and their use in the Arab world. Originally coined by biologist Richard Dawkins in 1976, memes developed off the Greek *memia* were initially used to describe cultural units that spread from person to person by copying or imitation, like genes. The term was later developed by social scientists and media communication scholars to "describe the propagation of items such as jokes, rumors, videos, and websites from person to person via the Internet" (Shifman 2014, 2). If compared to virals, memes are most evidently

characterized by their variability: A viral is made of a single cultural unit such as a video or a photo, whereas an internet meme is always a collection of texts, whose users replicate, mashup, and remix with every share and edit (Shifman 2014, 56). In a broader sense, in line with Shifman, we advocate the view that our worlds have now been governed by a “hypermemetic logic,” in which “almost every major public event sprouts a stream of memes” (2014, 7). A quick look at existing literature seems to indicate that memes are usually used to highlight and document crises and epidemics, like the surge of Ebola in China to give one example (Marcus and Singer 2016).

We thus take communication on Facebook, through shared content of memes and otherwise, to be fulfilling the dual roles of communication as elaborated through communication and media theory (cited in Shifman 2014, 60). On one hand, sharing content on Facebook operates through a transmission model through which information is spread and distributed. On the other hand, there is the more anthropological understanding of communication as ritual through which the very shared content highlights the shared beliefs, values, and cultural sensibilities. In that sense, users are made, constructed, and communally created through the socialities of *il-Fys*, with its shared material as an attempt to make sense of the world but of who we are in the world, too. Far from being imposed, forcible, or in any way violent, however, these shared memes and Facebook content are best theorized and regarded as nodes of “vernacular creativity,” always in the making and always optimistically creating our worlds anew.

Meme-ing COVID-19 in Egypt: primary explorations

Madianou (2016) defines “ambient co-presence” as “the peripheral awareness of the actions of distant others, made possible through the affordances of polymedia environments” (186). She then clarifies that although she is discussing ambient co-presence in the context of transnational families, the notion can still apply to a wider scope (184). Ambient co-presence, in this sense, is a fixture in the life of anyone with a social media account. The constant stream of status updates and news being shared ensures that one is perpetually tuned into others’ thoughts and feelings without having any direct conversations with them. This is indeed the case especially with the coronavirus pandemic. Social media platforms act as awareness systems that allow people to keep a “mental model of news and events around them.”

Despite the diversity of coronavirus-related news, however, an individual is more likely to be exposed to certain types of news over others. This is because people’s news feeds are greatly shaped by the content their “friends” or “friends of friends” share, which results in a somewhat limited newsfeed. In the case of COVID-19, for example, one is constantly aware of the anxieties different people are feeling towards the pandemic and their opinions on the precautions or lack thereof. This is what Madianou calls an “ambient community” (195). This ambient community evokes what we propose calling “e-empathy.” People often share indications of their emotional states on social media, and the recipient scrolling through

their timeline absorbs some of those emotions. This emotional reciprocity is what “e-empathy” embodies, especially that it often happens in real time, almost like an actual conversation where empathy is generated as one party responds to the others’ communicative and emotional cues.

A reclaimed superiority or an exposed underbelly?

Before examining how these memes portray global hierarchies concerning the Arab world and Egypt specifically, it is important to lay the groundwork that dictates these hierarchies. Not only are these hierarchies based on economic and political factors, but also cultural ones. A common concept in the Arab world is ‘*O’det El-khawaja*, which roughly translates to the foreigner’s complex. It is closely related to internalized orientalism in the way that it denounces all things Arab in favor of Western habits, thought, and media (Alahmed 2017). This can be seen as the result of the decades of Western colonialism in most Arab countries. The first reaction some of us had to the pandemic was influenced by the idea of Western superiority, specifically in healthcare and the measures taken to stop the spread of the virus. This ‘*O’det El-khawaja*, which we are still unlearning, made us believe that our people are not going to follow the rules, unlike the “civilized West.” As the pandemic progressed and hit European countries and the US, news highlighted in Arab COVID-19 memes on Facebook and Twitter proved us wrong. It seemed that these memes were ridding themselves of the infamous ‘*O’det El-khawaja* that often dictated our perception of the Western world. Arab pride and a satirical, vengeful tone were prominent in these memetic texts, which often appropriated popular Arab media artifacts such as movies and TV shows to express our new position within global power structures (Milner 2016; Troolin 2021, this volume).

These memes varied in how they critiqued and satirized Western habits. On Twitter, a meme made and propagated by Arabs explaining the “*shattaf*” (a hand-held toilet shower or bidet sprayer) to White people went viral as the solution to the toilet paper dilemma (Nile FM Staff 2020). It was accompanied by sarcastic critiques of Western hygiene that, according to Arabs, is inferior to theirs as they use the “*shattaf*” and perform ablution multiple times daily (if they are Muslim). This is contrary to the belief held by European colonialists who claimed that the people they colonized were savage and unhygienic, and it was the “White man’s burden” to civilize and clean them (Bashford 2014). We cannot say that this was brought about by the pandemic alone. Still, the pandemic has definitely exaggerated Arab pride and allowed us to question and depart from the cliché stance of looking up to “Western modernity” as our goal.

In some instances, this superiority was expressed through racist memes, particularly regarding China (Chiang 2021). On Facebook, across the Arab world, numerous memes made fun of Chinese eating habits. Most of them followed the format of teaching Chinese people how to cook “normal” food, mostly Arab dishes (Elaanany 2020). An example of this is a meme showing an ambivalent

Chinese character wearing a stereotypical hat, played by a famous Egyptian actor called Mohamed Henedy, who finds the taste of street food trucks familiar (Egyptian Screenshots 2020). This image plays off the stereotype of Egyptian food trucks known to sell nontraditional meats such as donkeys since they are cheaper than goats or sheep. It is difficult to separate this from the civilizing arguments used by colonialists to justify their actions. It seemed as if Arabs wanted to “civilize” Chinese people via controlling their eating habits, which fueled their sense of superiority even more. So in our attempt as Arabs to decolonize and stop believing that we are inferior to Europeans and Americans, we become guilty of exerting ideas of cultural hegemony on other groups of people, reproducing the same dichotomy of civilized versus savage, except that this time we are the civilized ones. This association between Asian people and COVID-19 has led to an Asian man being thrown out of his Uber by the driver in the middle of the highway (Shalaby and Fayyad 2020). Not only was the Uber passenger thrown out from the car, the Uber driver’s face filled with disgust, covering his face with a tissue. This marks the deep association currently existing between Asian people and coronavirus. This association highlights the already existing racist inclination of many Egyptians.

Besides sexism, racism, and homophobia, this pandemic has also highlighted internal inequality. It suddenly became very easy to make fun of people washing and hanging their face masks and share them as jokes on social media, but it is more interesting to see why these people are hanging these masks (Kahil 2020). The virus is not discriminating against people: It will affect the rich just as much as the poor; everyone is at risk. That said, however, not all people suffer similarly. Not all people can afford buying disposable face masks. Not all people can quarantine, either because they are homeless or because they have jobs that require them to be outside of the household and cannot afford to miss a day of work, or many more reasons. And in romanticizing quarantine or imposing it, we mask or sugarcoat some of the inequalities inherent in these choices or lack thereof (Ramsari 2021, this volume; Nanda 2021, this volume).

Another type of COVID-19 memes that discussed Arab–Western relations is about countries such as Egypt giving aid to European powers, an arguably first-time occurrence. One meme has a picture of Trump angrily crossing his arms as he reacts to the news of Egypt helping Europe. It is captioned, “Trump: Attention is not asked for,” insinuating that the United States needs Egypt’s help, too (Afify 2020). What memes like this do, especially as they are shared on social networks, is potentially create a space for dialogue on power structures. People in the comment section argued that Egypt has now become an important world power after these actions. In contrast, others say that this does not affect power dynamics at all, as the United States and Europe are far ahead of us. The truth, in this case, is unimportant. What matters is that these pandemic memes, created by Arabs, disrupt global political, economic, and cultural hegemony and force us as Arabs to question how we see ourselves and how we see other groups of people as we break free from

our supposed inferiority. As of now, however, it is still an undeniably challenging moment to live through and experience the pandemic on an everyday basis.

Grief, ambivalence, and otherwise: living through COVID-19

Initially modeled around observations of patients dealing with the reality of their own impending death, and later adapted by Dr. Kübler-Ross for patients dealing with the aftermath of the loss of a close companion (referred to as bereavement), the Kübler-Ross five-stage model for the process of grief was originally created to categorize the grieving process experienced due to a firsthand encounter with mortality (Kübler-Ross 1993). However, there is a significant body of literature that attempts to recast those models to fit a larger umbrella of corporal and non-corporal experiences (Schwartzman 2005).

Stage 1: denial

The stage to mark the start of the grief process is most commonly denial (Kübler-Ross 1993). Egyptian superstar Mahmoud El Esseily, on his personal Twitter profile, writes, “History will record that we are going through the largest misinformation campaign in the history of humankind. The amount of paranoia and fear is not rational or explainable at all” (Esseily 2020). This coping mechanism helps people most affected by the crisis; in the aforementioned example, Egyptian superstar El Esseily temporarily maintains the façade of normality. An important element to point out here, however, is the subtle anger that is discernible in the celebrity’s comment, in this case directed at implicit conspirators.

Stage 2: anger

The second key stage of the grief process is anger. Anger manifests in various forms and could be directed either at a scapegoat that lends itself to the issue at hand or to an intangible other. For instance, one Facebook post showing an Asian woman eating some kind of insect reads, “The Chinese disgusting stinky food: That’s what brought illness to the world” (Ali 2020). This arguably represents a form of society-wide group scapegoating that could give rise to long-standing stereotypes that might stay entrenched long after the pandemic is over.

Stage 3: bargaining

The bargaining stage could be informally considered as the start of a crack in the façade of societal obliviousness. People start acknowledging the harsh reality, but rather than processing or accepting it unconditionally, they start negotiating with the entity they believe is capable of changing the course of events. A Facebook update shares a picture that reads, “Prime Minister: Next week is very important, please follow the guidelines.” The post advises/asks people to remain vigilant and

stay in their houses (Hisham 2020a). While this might certainly hold true for the events surrounding the coronavirus pandemic – within certain demographics – the coronavirus also presents an illusion of being a human-controllable disaster, through obeying rules, staying disciplined, and following authorities.

Stage 4: depression

The penultimate stage, and arguably the crux of the stages of grief, is depression. People often come to terms with reality in this stage and start reflecting on their life within it. One illuminative Facebook post showing a seemingly depressed famous Egyptian actor reads, “Our biggest worry was the event where Hassan Shakosh [famous Egyptian *Sha’abi* singer] sang about alcohol and weed in the National stadium. Why did we spiral into all these problems?” (Hisham 2020b). This post represents the most accurate representation of the general emotional state of the population when the mask of denial and other blanket emotions fall out of view.

Stage 5: acceptance

Attempting to argue that society has, at large, reached the point of acceptance would be borderline delusional. One shared post humorously uses the picture of the Kuwaiti superstar Nabil Shuail memed into saying, “Hand me a piece of [sic] skip the rest of the year’s months, may God bless you” (Palestinian memes 2020). A starting point for acceptance could be the awareness that the current reality is here to stay, at least for the foreseeable future. Such an acknowledgment might be made in several ways, including but not limited to humor.

Whenever arguments are made in support of the way through which Saudi Arabia is handling the pandemic, an avalanche of defensive memes comes to fore. For example, one Facebook post points out the fact that the majority of Saudi Arabia’s medical staff and physicians are in fact Egyptians. In that way, Egypt is trying to claim the success in Saudi Arabia as their own and point fingers at their own government for the inadequate medical spending in Egypt. The Facebook meme here indicates, “Saudi Arabia with Egyptian physicians is the country with the second lowest fatality rate (Worldometer 2020). Is the problem in Egypt the doctors or the country’s medical system?” (Lamloum 2020).

This brief exposition of circulating memes reveals an attempt at establishing a hierarchy or defining a nation through its Other(s). The pandemic yet again provides an insightful moment through which countries that are otherwise grouped as “similar” – whether Arab or Scandinavian – are better exposed as hierarchical, self-conscious, self-critical, or sometimes too hostile in establishing an exclusive self-definition.

(News)Feeding our way out: concluding remarks

While the pandemic may not have shifted global power dynamics as drastically as one might think, it has problematized them. Through the creation and circulation

of memes, a superior Arab identity was constructed (Enverga 2019). For Arabs, this created an opportunity to let go of Western modernity dreams that may rid them of all things Arab and anger God, hence risking another punishment. Furthermore, it allowed them to practice the same ideas of superiority, enforced and created by the West, on other countries such as China. This raises the question as to whether “we” as Arabs want to become the new West and be “superior” to everyone in the world or if we are only resisting our internalized orientalism?

If anything, the assignment from which this chapter sparked has been quite an “Arab society” course on steroids: magnifying those contradictory, communal, sometimes too toxic, sometimes too loving sides of our worlds, that are ever too changing, too critically morphing, and shape shifting. COVID-19, its memes, and its widely circulated rumors have made it blindingly clear that those social media worlds are now documenting and narrating, but also potentially critiquing, Arab worlds and their “underbellies.”

In our brief reflections, Facebook unfolded as a strict moral police, enhancing conservative familial relations and class-based hierarchies, while altogether exposing the racist and classist underbellies of our Arab societies. Just like a “salon” of Arab homes, Facebook provides a cozy space for families to freely exchange gossip, classist views and opinions, and racist memes from the comfort of their smartphones or tablets. Slowly but surely, this becomes the new normative space in which our Arab struggles and contradictory beliefs are best expressed and can best be analyzed, too.

Titled “pand(m)emic,” our chapter tried to expose memes as one significant humorous genre through which these Arab socialities are laid bare. In a moment of fear, anxiety, and unknowability of the future, humor and memes provide a comfortable template through which our opinions and contradictions can roam freely. We tried to use this moment creatively and productively, as an epistemic crack through which we can revisit and re-create our knowledge of the region. With that said, we likewise appreciate and advocate for the visual primacy of our modes of communication, especially memes as their

ostensibly unfinished, unpolished, amateur-looking, and even weird [structure] invites people to fill in the gaps, address the puzzles, or mock its creators . . . referred to as “producerly texts” [or] media products in which gaps and inconsistencies invite views to “write in their absences”, thus creating new meanings.

(Shifman 2014, 88)

We thus regard memes as creative and open-ended sources of knowledge production which, contrasting with books or scholarly publications, for example, always point to endless re-creation, one in which the “interlocutors” are at the very heart and center of the production process. They might create, share, and disseminate classist memes and posts, but these very memes can immediately be

re-created, mocked, and parodied to expose these very inconsistencies and class undertones.

We argue that academics should continue to shift gears to further analyze social media and continue to expose its bellies and underbellies as worthwhile knowledge of our worlds. Especially in times of crisis and perhaps when lockdown is imposed, it only makes sense to excavate for ethnographic fields elsewhere – from home, on home, and beyond home in the domestic sense of the word.

Note

- 1 Pand(m)emic is a word play of pandemic and meme, developed by our class colleague Ahmed Afify who was not able to collaborate in the writing of this chapter.

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COVID-19

Volume II: Social Consequences and Cultural Adaptations

Edited by J. Michael Ryan

COVID-19

The SARS-CoV-2 virus, and the associated COVID-19 pandemic, is perhaps the greatest threat to life, and lifestyles, the world has known in more than a century. The scholarship included here provides critical insights into the institutional responses, communal consequences, cultural adaptations, and social politics that lie at the heart of this pandemic. This volume maps out the ways in which the pandemic has impacted (most often disproportionately) societies, the successes and failures of means used to combat the virus, and the considerations and future possibilities – both positive and negative – that lie ahead. While the pandemic has brought humanity together in some noteworthy ways, it has also laid bare many of the systemic inequalities that lie at the foundation of our global society. This volume is a significant step toward better understanding these impacts.

The work presented here represents a remarkable diversity and quality of impassioned scholarship and is a timely and critical advance in knowledge related to the pandemic. This volume and its companion, *COVID-19: Volume I: Global Pandemic, Societal Responses, Ideological Solutions*, are the result of the collaboration of more than 50 of the leading social scientists from across five continents. The breadth and depth of the scholarship is matched only by the intellectual and global scope of the contributors themselves. The insights presented here have much to offer not just to an understanding of the ongoing world of COVID-19, but also to helping us (re-)build, and better shape, the world beyond.

J. Michael Ryan, PhD, is an assistant professor of sociology at Nazarbayev University, Kazakhstan. He has previously held academic positions in Portugal, Egypt, Ecuador, and the United States of America. Before returning to academia, Dr. Ryan worked as a research methodologist at the National Center for Health Statistics in Washington, DC. He is the editor of multiple volumes, including *Trans Lives in a Globalizing World: Rights, Identities, and Politics* (Routledge 2020), *Core Concepts in Sociology* (Wiley 2019), and *Gender in the Middle East and North Africa: Contemporary Issues and Challenges* (Lynne-Rienner 2020).



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COVID-19

Volume II: Social Consequences and Cultural Adaptations

Edited by J. Michael Ryan

First published 2021
by Routledge
2 Park Square, Milton Park, Abingdon, Oxon OX14 4RN

and by Routledge
52 Vanderbilt Avenue, New York, NY 10017

Routledge is an imprint of the Taylor & Francis Group, an informa business

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British Library Cataloguing-in-Publication Data

A catalogue record for this book is available from the British Library

Library of Congress Cataloging-in-Publication Data

A catalog record for this book has been requested

ISBN: 978-0-367-69511-8 (hbk)

ISBN: 978-0-367-69512-5 (pbk)

ISBN: 978-1-003-14206-5 (ebk)

Typeset in Bembo

by Apex CoVantage, LLC

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PREFACE

One of my principal concerns when bringing together these volumes has been that the scholarship contained within them might be out of date before they ever even come to print. Given the (un)usually lengthy times required to bring most academic work to ink, that is not an entirely uncommon concern, but given the rapidly changing pace of the current global situation, it is certainly one that has been amplified. I have attempted to mitigate that concern by allowing contributors opportunities to update up to the very last possible minute. More importantly, I have come to terms with the fact that no piece of printed scholarship, and even less so that dealing with contemporary public issues, can achieve such a goal. That said, I do not believe that a couple of out-of-date numbers or the absence of a few recently passed policies will greatly impact the sound academic scholarship presented in the chapters that follow. Instead, I believe the work here can serve as a foundational building block for the no-doubt litany of COVID-19 and pandemic related scholarship that is sure to be the focus of significant study and research for some time to come. These volumes are, in fact, quite cutting edge.

They were brought together with remarkable speed – from call to papers to final drafts in roughly four months. That is an incredibly tight time frame to bring together an academic volume, but particularly one containing the caliber of scholarship included here. To that end, I am eternally grateful to all of the contributors for their sound scholarly work, their careful attention to feedback and rapid responses, their general commitment to this project, and, more importantly, to doing their part to help us all better understand and combat this pandemic. I am also grateful to Routledge for their willingness to sponsor this project and for their flexibility and willingness to accelerate their end of the publication process in order to bring this important scholarship to light in time for it to (hopefully) make a difference. My editor, Rebecca Brennan, has been an especially enthusiastic supporter

from the beginning, and credit is due to her as much as anyone for the ability to make these projects happen.

The world of COVID-19

The world ahead is uncertain. That is not new. What is new is that the contemporary cohort (and I do hope that remains singular) will be forever marked by the presence of the SARS-CoV-2 virus and the associated COVID-19 pandemic. The aim of this volume (in tandem with its companion volume) is to help map out the ways in which this pandemic has impacted (most often disproportionately) global society, the successes and failures of means used to combat the virus, and the considerations and future possibilities – both positive and negative – that lie ahead.

On an ethical level, my sincere hope is that the outstanding scholarship in these volumes will help individuals and societies, especially in a collective sense, to better understand the impact of COVID-19. While the medical understandings of the virus have taken center stage (and, to most degrees, rightfully so), there has been a general gap in understanding the social, cultural, economic, psychological, political, and other less-medical aspects. These volumes are an effort to help fill that gap.

On a professional level, my sincere hope is that these volumes will further demonstrate my commitment to public sociology and what I personally view as the purpose of social science – to better understand, inform, and improve society. I firmly believe that the academy has an obligation to provide research, insights, and understandings of the human condition, especially in times of crisis and rapid social change. These volumes are a response to that obligation.

On a personal level, I have been rewarded, indeed honored, by getting to work with some of the brightest, most highly motivated minds at work in the world today. Indeed, the contributions in these companion volumes are the result of a collaboration between more than 50 of the world's leading social scientists representing nearly a dozen countries from across five continents. They represent a truly global effort and the kinds of things communities can achieve when they work together. I have had the opportunity to engage in fascinating discussions with these scholars from across a wide range of disciplines and from around the world. I have been appreciative of that opportunity and look forward to future discussions with many of the brilliant minds and good-natured souls that I have met through this project well after the volumes are in print.

As a final note, I have been encouraged by the critical analyses, sharp insights, and timely scholarship presented in these volumes. Many present dark pictures of how the world was (not) prepared, reacted to, responded to, and administered the current pandemic, but it is only by walking through darkness that we can come to the light, and I personally feel a sense of optimism, though sometimes buried, in each and every one of these chapters. Rather than be solely depressed by the

current situation, we should all find means to learn from it and inspiration to work together toward a brighter future. It has often been said that the only way to unite global humanity is to confront a common outside threat. Perhaps this is the one? The choice is ours. Let us make the right one.

With warmest wishes for better days ahead,

J. Michael Ryan
Nur-Sultan, Kazakhstan
August 2020

TIMELINE OF COVID-19

Timeline of COVID-19 Pandemic
J. Michael Ryan

The COVID-19 pandemic has impacted every country on the planet. As the most significant global pandemic to strike the human population in more than a century, it has wrought devastating effects on the vast majority of the world's population (though some, it should be noted, have profited quite generously from the global misery). With that in mind, it is difficult, nay, impossible, to construct a timeline that includes events considered significant to every individual, community, or country. The following timeline makes no such attempt. Instead, I have tried to include events that are either globally significant (e.g., announcements by the WHO) or at least representative of a global condition (e.g., lockdowns). I have also paid particular attention to events that are helpful in understanding the context of the various chapters presented in this volume. It should be noted that some of the dates listed might conflict with other reports, though usually by no more than a day in either direction. The reasons include differences in reporting (for example, there is no universal agreement on the number of cases reported in particular countries) and time zone differences (though I have made every attempt to list dates based on the point of origin of the event). Despite those considerations, this timeline does present the most comprehensive, global chronology of events yet compiled (or at least in publication) as of the time of writing.

<i>Month</i>	<i>Date</i>	<i>Event</i>
Nov	17, 2019	First unconfirmed case of COVID-19 traced back to Hubei province in China
Dec	31	The WHO reports that the People's Republic of China has alerted the organization to cases of pneumonia with an unknown cause in Wuhan City, Hubei Province.
Jan	1, 2020	Officials close the Huanan food market in Wuhan, suspected to be the source of the novel coronavirus
Jan	7	Chinese officials report that they have identified a new coronavirus
Jan	9	China reports the first confirmed case of a death related to the novel coronavirus
Jan	13	Thailand reports a case of novel coronavirus, the first reported outside of China
Jan	16	Japan reports a case of novel coronavirus, the second reported outside of China
Jan	20	The United States of America confirms its first case in Washington State
Jan	21	The WHO confirms human-to-human transmission of the virus
Jan	23	Wuhan is placed under quarantine
Jan	24	France reports three cases of novel coronavirus, the first reported in Europe
Jan	25	Australia, Canada, and Malaysia confirm their first cases
Jan	26	China becomes first country to close all schools and universities across the country
Jan	27	Germany, Cambodia, and Sri Lanka all confirm their first cases
Jan	27	The Bill & Melinda Gates Foundation commits their first \$10 million USD to combat the virus
Jan	29	The United Arab Emirates report the first case in the Eastern Mediterranean region
Jan	30	India confirms its first case
Jan	30	WHO declares the COVID-19 outbreak a "public health emergency of international concern"
Jan	31	Russia, Spain, Sweden, Italy, and the UK all confirm their first cases
Feb	2	The first confirmed COVID-19 death outside of China is reported in the Philippines
Feb	3	China launches the first clinical trials into remdesivir for treating COVID-19
Feb	5	The Bill & Melinda Gates Foundation commits \$100 million USD to combat the virus
Feb	6	The first death is reported in the USA
Feb	7	WHO announces a "severe global disruption" in the market for personal protective equipment
Feb	7	Li Wenliang, a doctor who initially tried to raise the alarm on COVID-19, dies – his death sparks a global outrage
Feb	8	WHO director-general Tedros Adhanom Ghebreyesus criticizes the levels of misinformation spreading around the virus, saying "we're not just battling the virus; we're also battling the trolls and conspiracy theorists that push misinformation and undermine the outbreak response"
Feb	8	Italy places the entire country under lockdown
Feb	9	The death toll for the novel coronavirus tops 800, now surpassing the death toll of SARS

<i>Month</i>	<i>Date</i>	<i>Event</i>
Feb	9	National University of Singapore announces that it will move all classes of 50 students or more online
Feb	10	The death toll for the novel coronavirus tops 900, now surpassing the death toll of MERS
Feb	10	The UK health department declares COVID-19 an “imminent threat”
Feb	11	WHO officially labels the novel coronavirus as COVID-19
Feb	11	The confirmed death toll tops 1,000
Feb	14	Egypt reports their first case, also the first in Africa
Feb	15	France reports the first death from COVID-19 outside of Asia
Feb	15	The UN’s Food and Agricultural Organization raises alarms over record locust swarms threatening food supplies in Africa
Feb	19	Iran confirms its first case
Feb	21	Lebanon and Israel confirm their first cases
Feb	24	US biotech firm Moderna begins testing a potential vaccine
Feb	26	Brazil reports its first case, also the first in South America
Feb	26	For the first time there are more daily reported cases outside of China than inside of China
Feb	28	Mexico, Ireland, New Zealand, Nigeria, and Iceland all report their first cases
Feb	28	Stock markets worldwide report their largest single week decline in more than a decade
Mar	2	Portugal, Indonesia, Morocco, Saudi Arabia, and Senegal all report their first cases
Mar	3	Chile, Argentina, and Ukraine all report their first cases
Mar	4	Poland reports its first case
Mar	5	South Africa and Palestine report their first cases
Mar	6	Peru, Colombia, Slovakia, Cameroon, and Togo report their first cases
Mar	7	Confirmed global cases reach 100,000
Mar	8	Over 100 countries confirm cases of COVID-19
Mar	9	Poland joins a list of countries implementing a national ban on mass gatherings and nationwide closings of educational and cultural institutions
Mar	10	Harvard University announces it will suspend in-person classes and shift to online learning where possible
Mar	11	The WHO issues statement declaring COVID-19 a pandemic
Mar	11	Cuba, Honduras, and Turkey all confirm their first cases
Mar	12	A National Basketball Association (NBA) player tests positive for the virus and the league suspends play indefinitely. All other major US sports leagues quickly follow suit in the coming days.
Mar	12	Actor Tom Hanks and his wife Rita Wilson confirm they have tested positive for the virus
Mar	12	Broadway temporarily halts all shows
Mar	13	The USA declares COVID-19 a national emergency
Mar	13	Kazakhstan, Puerto Rico, and Kenya confirm their first cases
Mar	13	Sophie Trudeau, wife of Canadian prime minister Justin Trudeau, tests positive for the virus
Mar	14	Spain announces a nationwide lockdown
Mar	15	The European Union restricts exporting personal protective equipment outside of the EU

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Mar	15	The Union of European Football Associations (UEFA) postpones all Champions League and Europa League soccer matches indefinitely
Mar	16	Moderna becomes first company to kick off human trials of a potential vaccine
Mar	16	Walt Disney World temporarily closes due to the virus
Mar	17	The European Union bans most nonessential incoming travel
Mar	17	The University of Minnesota begins testing hydroxychloroquine, a well-known malaria treatment drug, in relation to COVID-19
Mar	17	The International Organization for Migration and the UN Refugee Agency temporarily suspend refugee resettlements
Mar	17	President Emmanuel Macron announces France will go into lockdown
Mar	18	Eurovision Song Contest, one of the world's most watched events, is cancelled for the first time in its 64-year history
Mar	18	Non-EU citizens are barred from entering the EU
Mar	19	California becomes the first state in the USA to issue a stay-at-home order
Mar	19	Wuhan reports no new daily cases for the first time since the pandemic began
Mar	19	The state of California announces lockdown measures
Mar	19	Netflix announces they will reduce their bandwidth in Europe for 30 days to help with crippling bandwidth overload as more people are home and streaming
Mar	20	Papua New Guinea, Cape Verde, and Madagascar report first confirmed cases
Mar	20	Cannes Film Festival is postponed for 2020
Mar	22	Opera legend Plácido Domingo tests positive for the virus
Mar	23	UN secretary-general António Guterres calls for a global ceasefire to help combat COVID-19
Mar	24	India announces nationwide lockdown
Mar	24	The Summer Olympics and Paralympics are officially postponed until July 2021
Mar	24	Ryanair, one of the largest carriers in Europe, announces that they will ground all flights until at least June
Mar	24	New Zealand introduces the bubble metaphor to help control the spread of the pandemic
Mar	25	74th Annual Tony Awards are postponed indefinitely
Mar	25	Etihad Airlines announces that they will be grounding all flights
Mar	25	Prince Charles tests positive for the virus
Mar	26	The USA becomes the country with the most reported confirmed infections
Mar	27	The United States Congress passes the CARES Act, the largest economic recovery package in history, providing for more than \$2 trillion in COVID-19 relief
Mar	27	UK prime minister Boris Johnson tests positive for the virus
Mar	27	The International Monetary Fund (IMF) announces a global recession
Mar	28	Portugal announces that all foreigners will be treated as residents to ensure that they have treatment to healthcare and public services

<i>Month</i>	<i>Date</i>	<i>Event</i>
Mar	31	El Salvador announces their first COVID-related death
Apr	1	For the first time since WWII, the Wimbledon tennis tournament is cancelled
Apr	2	Confirmed global cases top 1 million
Apr	5	South Sudan reports its first confirmed case
Apr	7	Countries around the world have already pledged more than \$4.5 trillion worth of emergency measure spending – Malta and Japan top the list in terms of spending as percentage of GDP, each over 20%
Apr	8	China lifts the lockdown on the city of Wuhan
Apr	10	Confirmed global death toll tops 100,000
Apr	10	Burning Man Festival cancelled for 2020
Apr	10	Pope Francis leads a Good Friday service in an empty St. Peter's Square
Apr	10	EU finance ministers agree to a 500-euro bailout for member countries who have been heavily impacted by the virus
Apr	15	The number of confirmed global cases passes 2 million
Apr	15	The first anti-shutdown protests in the USA are held in Lansing, Michigan. Trump praises the protestors, which helps to spur more such protests across the country.
Apr	15	The Bill & Melinda Gates Foundation increases funding to \$250 million to combat the virus
Apr	16	The first reported case of COVID-19 is reported in Cox's Bazar, the world's largest refugee camp located in Bangladesh
Apr	16	Poland implements a nationwide face mask order
Apr	17	The "One World: Together at Home" concert, curated by Lady Gaga, takes place
Apr	20	NYC Gay Pride Parade, one of the world's largest, is cancelled for the first time in its 50-year history
Apr	20	US oil prices fell below zero for the first time in history
Apr	21	The number of confirmed global cases passes 2.5 million
Apr	21	Jeff Bezos, already the world's richest man, is reported to have made nearly \$25 billion since the pandemic began, a number that would more than triple over the next three months amid crumbling economies and widespread unemployment
Apr	21	The World Food Programme announces that COVID-19 could double the number of people facing food crisis
Apr	21	The European Union issues aviation safety measures, including face mask requirements
Apr	22	The World Bank announces that global remittances could fall by almost 30% for 2020
Apr	22	The Papua New Guinea controller announces a new confirmed case in the Eastern Highlands Province, bringing the total confirmed number of cases in the country to eight
Apr	23	It is announced that newly popular web application Zoom has passed more than 300 million daily users
Apr	24	Trump suggests the possibility of injecting disinfectants to beat the virus
Apr	25	The global death toll passes 200,000
Apr	26	The city of Toronto announces that several hundred homeless people are being moved to hotels to help prevent the spread of the virus, a move becoming increasingly common in many countries

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Apr	27	The Los Angeles Lakers return their \$4.6 million payroll protection bailout amid public outcry
Apr	28	The number of confirmed cases in the United States passes 1 million, the first country to reach that mark
Apr	28	As measles outbreaks appear in several countries, UNICEF issues statement warning about the negative impacts of children missing routine vaccinations
Apr	30	Russian prime minister Mikhail Mishustin tests positive for the virus
Apr	30	The Little League World Series (baseball) cancels its 2020 tournament
May	3	Italy reopens its borders to tourists
May	3	Clothing retailer J. Crew files for bankruptcy citing COVID-19 as a cause
May	5	Neil Ferguson, UK coronavirus advisor, resigns after violating the lockdown rules he helped to implement
May	5	Trump announces that the country's coronavirus task force will be phased out
May	8	The USA blocks a UN Security Resolution calling for a global ceasefire so that countries can focus on COVID-19 because they mention the WHO
May	8	United States Food and Drug Administration approves first at-home test for COVID-19 using saliva
May	8	US unemployment rate hits 14.7%, the highest levels since the Great Depression
May	9	South Korea sees a new outbreak of cases linked to nightclubs
May	10	The first case appears in Wuhan, China, in over a month
May	10	Avianca, the world's second oldest airline and one of the largest in Latin America, files for bankruptcy
May	14	The number of deaths globally passes 300,000
May	14	Pope Francis invites people of all faiths to pray together for an end to the virus
May	15	WHO announces links between COVID-19 and multisystem inflammatory syndrome in children and adolescents
May	15	A study finds that homelessness in the United States could increase by as much as 45%
May	18	United Nations secretary-general Antonio Guterres argues that the virus must be a "wake-up call" and that we must reshape our economies and societies to be fairer and more inclusive
May	19	A migrant worker in India is found dead after trying to walk home due to travel lockdowns; it will not be an isolated case
May	19	Cambridge University announces all classes to be online until summer 2021
May	20	Mount Everest becomes visible from Kathmandu for first time in decades amidst a radical drop in air pollution levels due to the lockdown
May	20	The Arab Coordination Group commits \$10 billion to fight the virus
May	21	The number of confirmed cases globally passes 5 million
May	22	Confirmed cases on the African continent pass 100,000

<i>Month</i>	<i>Date</i>	<i>Event</i>
May	22	Executives at US biotech firm Moderna cash in over \$30 million in stock as the company announces promising vaccine results
May	22	WHO announces that more than 80 million babies could be missing childhood vaccinations as a direct result of the pandemic
May	25	George Floyd, an African American man, is murdered by police in Minneapolis, setting off a wave of global protests against racial inequality
May	25	Brazilian president Jair Bolsonaro repeats his claim that COVID-19 is just a “little flu”
May	27	The death toll in the USA reaches 100,000
May	28	Tyson Food Plant in Iowa (USA) is shut down after an outbreak, launching a series of closures of meatpacking plants
May	28	Chinese president Xi Jinping, pledges \$2 billion to help fight coronavirus during a meeting of the WHO
May	28	The Boston Marathon (which has earlier been postponed in April) is cancelled for 2020
May	29	Trump announces that the USA will be terminating their relationship with the WHO
May	29	Passengers on a flight to Lanzarote in Spain’s Canary Islands are quarantined upon landing after a passenger received positive test results mid-flight
May	30	India announces an end to national lockdown
June	1	It is estimated that Elon Musk made more than \$750 million in the last week alone
June	2	A new report finds that ethnic minorities in the UK are up to 50% more likely to die from COVID-19 than White people are
June	2	OECD announces an estimated 60% drop in international tourism during 2020 due to the virus
June	3	A new model suggests that stricter lockdowns are better for economies than longer-term more moderate ones
June	5	The WHO recommends that all people wear masks in public spaces
June	8	New Zealand is declared “virus free” after having no new reported cases for two weeks
June	8	The World Bank estimates the global economy could shrink by between 5% and 8% for 2020, and more than 90% of national global economies are expected to suffer
June	8	The World Bank estimates an additional 70 to 100 million could be pushed into extreme poverty (meaning living on less than \$1.90 a day) as a direct result of the pandemic
June	8	Environmentalists raise the concern that there will soon be more masks than jellyfish in the Mediterranean due to improper waste disposal
June	10	Confirmed cases in the USA pass 2 million
June	15	France reopens borders with most EU and Schengen member countries
June	16	Peruvian president Martín Vizcarra refers to the virus as “the most serious crisis in our history”
June	16	It is announced that COVID related data in the United States will now be collected in part by a private technology firm rather than the CDC

(Continued)

xx Timeline of COVID-19

(Continued)

<i>Month</i>	<i>Date</i>	<i>Event</i>
June	17	The WHO announces that further trials into hydroxychloroquine will be halted
June	17	President of Honduras, Juan Orlando Hernández, tests positive for the virus
June	18	President of Kazakhstan, Nursultan Nazarbayev, tests positive for the virus
June	19	The number of confirmed cases in Brazil reaches 1 million, the second country to hit that landmark
June	19	Confirmed global counts pass 250,000 new cases in a single day
June	21	Spain eases lockdown measures
June	21	Trump holds a political rally in Tulsa, OK, sparking political outrage for having a large gathering
June	21	Former Iraqi soccer star Ahmed Radhi dies from COVID-19
June	23	Tennis star Novak Djokovic tests positive for the virus
June	23	UNICEF predicts an additional 120 million children could be pushed into poverty in South Asia
June	24	South Africa announces launch of first vaccine trial in that country
June	25	The Centers for Disease Control and Prevention announce that the actual number of cases may be ten times higher than what is being counted
June	27	The New York Stock Exchange has returned to pre-COVID levels
June	28	Confirmed global cases reach 10 million
June	28	Confirmed global deaths reach 500,000
June	28	More than 100 influential world leaders issue a statement calling for any COVID-19 vaccine to be a global common good
June	29	Broadway announces they will remain closed through the end of 2020
June	29	WHO director-general says the pandemic is “not even close to being over”
July	1	Portugal begins welcoming tourists from 15 non-European countries for purposes of boosting their tourist industry
July	1	Tokyo Disney reopens to the public after having been closed for four months
July	2	Miami-Dade County issues a curfew to help curb the dramatic increase in cases there
July	3	The CDC announces an outbreak among college students who went on spring break vacations, one of many as a result of ignoring lockdown and safety measures
July	4	The Lleida province in northeastern Spain orders a new lockdown amidst a wave of new outbreaks there
July	5	Kazakhstan becomes the first country in the world to go back into full lockdown
July	6	Businesses in Washington State (USA) can no longer legally serve customers unless they are wearing a mask
July	6	A new report by the International AIDS Society suggests that efforts to combat COVID could cause more than 1 million extra deaths from other illnesses
July	6	Harvard University announces all fall 2020 instruction will be online

<i>Month</i>	<i>Date</i>	<i>Event</i>
July	7	Jair Bolsonaro, president of Brazil, tests positive for COVID-19
July	7	Serbia reintroduces lockdown measures after cases begin to spike
July	7	The European Commission predicts that the Eurozone economy will contract by more than 8% in 2020
July	8	Confirmed cases in the USA top 3 million
July	8	Brooks Brothers files for bankruptcy
July	8	Melbourne goes back into lockdown as cases there begin to surge again
July	8	Bolsonaro vetoes COVID-19-related protections for Brazil's Indigenous populations
July	9	Oxfam announces that more than 12,000 people could die a day from COVID-related hunger by the end of the year
July	10	WHO director-general says, "the greatest threat we now face is not the virus itself. Rather, it's the lack of leadership and solidarity at the global and national levels"
July	10	A bus driver in France who was beaten by passengers refusing to wear mandatory masks dies
July	11	Trump wears a mask in public for the first time since the pandemic began
July	12	Bollywood star Amitabh Bachchan tests positive for the virus
July	12	Massive protests erupt in Israel over the government's handling of the pandemic
July	13	Kazakhstan marks July 13th as a National Day of Mourning for COVID-19 victims
July	17	Confirmed cases in Brazil top 2 million
July	17	Confirmed cases in India top 1 million
July	20	Oxford announces promising results of a new vaccine trial; the UK has already ordered 100 million doses. There are already 24 vaccines in human trials around the world.
July	20	London witnesses another protest against the wearing of masks
July	20	The Dominican Republic declares a state of emergency amidst soaring number of cases
July	20	Venezuela returns to lockdown status as 20% of their total cases were reported in just the previous week
July	21	European Union leaders agree on a new 750 billion euro stimulus plan to help fund Europe's recovery from the virus
July	21	Trump announces that he will soon resume regular public briefings related to the virus, a practice he had discontinued since April, calling them "a waste of time"
July	21	Climate activist Greta Thunberg announces that she will donate 100,000 euros to combat the spread of COVID-19 in the Brazilian Amazon
July	21	The government of the Bahamas announces that they are banning travelers from the US and other countries where COVID-19 is surging
July	22	University of California Berkeley announces that all classes for the fall will be online
July	22	Confirmed global cases reach 15 million
July	22	A new study reports that as many as nearly one in four people in Delhi might have already contracted the virus

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xxii Timeline of COVID-19

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<i>Month</i>	<i>Date</i>	<i>Event</i>
July	22	Jeff Bezos, already the world's richest man, adds \$13 billion to his wealth in a single day
July	23	Confirmed cases in the USA top 4 million
July	23	China announces \$1 billion in loans to Latin America and the Caribbean for vaccine access
July	24	The Republican Party in the USA announces that their national convention will be cancelled
July	24	Uganda records its first coronavirus death; the country so far has just over 1,000 confirmed cases
July	24	Sao Paulo, Brazil, announces their legendary Carnival festivities will be postponed until at least May or June 2021
July	25	Emirates Airlines announces they will cover all medical expenses if a passenger catches COVID-19
July	25	Vietnam records its first locally transmitted case in 100 days
July	25	North Korea reports its first case, blaming it on a man reportedly returning from South Korea
July	26	India reports its single highest daily increase so far – nearly 50,000 cases
July	27	The first phase 3 vaccine trial begins in the USA
July	27	Tedros Adhanom Ghebreyesus, director-general of the WHO, says that coronavirus “has changed our world. It has brought people, communities and nations together, and driven them apart” and “it has shown what humans are capable of, both positively and negatively”
July	27	The Netherlands begins allowing “lovers” of citizens to enter the country recognizing that partner relationships are not always legal ones
July	27	Hong Kong makes it compulsory to wear masks in public
July	27	China reports its highest number of local COVID-19 infections since March
July	27	A Brazilian healthcare union representing more than 1 million workers files charges against President Bolsonaro of “crimes against humanity” for his response to the pandemic
July	27	Papua New Guinea confirms its first COVID-19-related death
July	28	A new report suggests that nearly 7 million more children could suffer from acute malnutrition as a direct result of the consequences of the pandemic
July	28	Bolivia declares a “state of public calamity” due to the financial impact of the virus
July	28	A new report from the UN World Tourism Organization states that the global tourism industry lost more than \$320 billion between January and May
July	28	Colombia reports high daily increase in new cases since the beginning of the pandemic
July	29	Russia claims that they will approve the world's first COVID-19 vaccine and do so in less than two weeks
July	29	Hajj begins in Saudi Arabia with 1,000 pilgrims, rather than the usual 2 million

<i>Month</i>	<i>Date</i>	<i>Event</i>
July	30	The USA economy is reported to have shrunk at a 32.9% annual rate between April and June, the deepest decline since the government began keeping records in 1947. Meanwhile, Europe's economy shrank by 11.9%.
July	30	Amazon reports that sales have soared 40% in the three months ending June. Meanwhile, the number of people using Facebook, WhatsApp, and Instagram report a jump of 15%.
July	30	A new report suggests that just two weeks of physical distancing policies cut the spread of the virus by 65% globally
July	31	Vietnam records its first COVID-19 death
July	31	Hong Kong postpones Legislative Council elections
July	31	<i>The Lancet</i> , a leading medical journal, calls widespread false information related to the pandemic a threat to public health
Aug	1	A large demonstration takes place in Berlin to protest COVID-19 restrictions
Aug	2	Confirmed cases in South Africa top 500,000
Aug	2	Confirmed cases in the Philippines top 100,000, prompting President Rodrigo Duterte to reimpose stricter lockdowns on Manila
Aug	3	Retail legend Lord & Taylor files for bankruptcy
Aug	3	Mexico announces that school will begin with remote learning in the fall, a decision that impacts more than 30 million students
Aug	3	Portugal sees a 96% decline in overnight stays by foreigners in the month of June – tourism accounts for roughly 10% of Portugal's GDP; Spain also reports a 97.7% drop in tourism – tourism accounts for roughly 11% of Spain's GDP
Aug	4	Confirmed cases in Latin America and the Caribbean top 5 million
Aug	4	Virgin Atlantic files for bankruptcy
Aug	5	Kosovo prime minister Avdullah Hoti tests positive for the virus
Aug	5	The Indianapolis 500, one of the world's largest sporting events, says it will run without fans – before the pandemic expectations had been that more than 300,000 spectators would attend the event
Aug	5	Twitter temporarily restricts the Trump campaign's ability to tweet over false COVID-19 claims that children are "almost immune"; Facebook also took down similar posts
Aug	5	Kenya cancels the entire 2020–21 academic school year for students in pre-K through high school, a decision affecting more than 18 million students (colleges and universities will still hold classes, but will do so online until at least January 2021)
Aug	5	<i>Foreign Policy</i> magazine's COVID-19 Global Response Index ranks the USA 31st among 36 countries – New Zealand tops the list with the best response score
Aug	7	Confirmed cases in Africa top 1 million, more than half of those are located in South Africa
Aug	7	Confirmed cases in India pass 2 million – it took over six months to reach the first million, only 12 more days to reach 1.5 million, and only nine more days to reach 2 million
Aug	7	Italy extends COVID-19 safety measures through September
Aug	7	Ireland's prime minister Micheál Martin announces new regional lockdowns amidst rising number of cases in the country

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	7	Howard University announces that classes will be entirely online for fall 2020
Aug	7	The US state of California tops more than 10,000 deaths related to COVID-19, more than in many individual countries, including more than twice as many as in China
Aug	9	Confirmed cases in Brazil top 3 million the same day that confirmed deaths top 100,000 in that country
Aug	9	Confirmed cases in the USA top 5 million – it took the country 99 days to reach 1 million cases, and only an additional 103 days to quintuple that number
Aug	10	Paris joins an increasingly long list of cities making masks compulsory at outdoor sites
Aug	10	Dr. Mike Ryan, executive director of the World Health Organization's Health Emergencies Programme, announces, "the virus is proving exceptionally difficult to stop"
Aug	10	Actor Antonio Banderas announces that he has tested positive for the virus
Aug	11	Employment in the UK fell by the biggest quarterly amount since 2009
Aug	11	Russia announces that they have approved the world's first COVID-19 vaccine, calling it Sputnik-V, and claims that some 20 countries have already requested more than a billion doses. As they have not released any scientific data related to the vaccine, many leading global health experts remain skeptical.
Aug	11	New Zealand records first locally transmitted cases in 102 days
Aug	11	The USA strikes a deal worth more than \$1.5 billion to buy 100 million doses of COVID-19 vaccine from Moderna
Aug	12	Confirmed cases in Kazakhstan top 100,000
Aug	12	UK economic output shrank by more than 20% in the second quarter, the worst quarterly slump on record, and pushing that country into the deepest recession of any major global economy
Aug	12	Confirmed cases in the US state of Texas pass 500,000
Aug	12	It is announced that the Masters golf tournament will be held without spectators
Aug	12	Churchill Downs racetrack announces that the already delayed Kentucky Derby will be run with less than 15% of their regular attendance
Aug	12	A new report indicates that there was a 58% drop in the number of civilians killed or injured by explosives between April and July as compared to a year ago
Aug	12	Spain's Galicia region bans smoking in public places if physical distancing is not possible
Aug	12	A report by the WHO indicates that as many as 800 million children are not able to properly wash their hands at school
Aug	13	The WHO and IMF estimate that the global economy is losing more than \$375 billion a month due to the pandemic. The cumulative loss is expected to top \$12 trillion over two years.
Aug	13	Pharmaceutical company AstraZeneca signs an agreement with Mexico-based Slim Foundation to produce vaccine for the entirety of Latin America, minus Brazil

<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	13	A survey by the CDC found that more than 40% of respondents report struggling with additional mental health issues as a result of the pandemic
Aug	14	Columbia University becomes the latest to announce that all undergrad classes will be online
Aug	14	Confirmed cases in Peru and Mexico both top 500,000
Aug	15	California becomes first state in the USA to pass 600,000 cases
Aug	15	Mexico announces 30 days of national mourning to honor the country's COVID-19 victims
Aug	16	The confirmed death toll in India tops 50,000
Aug	16	New Zealand announces that their general election will be postponed for four weeks due to a renewed outbreak of the virus
Aug	16	Japan reports a 7.8% decline in GDP in the second quarter, the worst since modern recording started there in 1980
Aug	16	The number of confirmed cases in Bolivia tops 100,000 amidst protests over election postponement
Aug	17	Dr. Ashish Jha, director of the Harvard Global Health Institute, argues that the USA had the worst response to COVID-19 of any major country
Aug	17	COVID-19 is now the third leading cause of death in the USA, just behind heart disease and cancer but ahead of lung disease and diabetes
Aug	18	South Korea suspects in-person church services after an outbreak there is tied to a religious sect
Aug	18	The University of North Carolina Chapel Hill moves all classes to online after an outbreak among students. Many other universities are doing the same after significant outbreaks among students who have returned to campus.
Aug	18	Lebanon announces a renewed countrywide lockdown amidst a surge in confirmed cases
Aug	18	The Pan American Health Organization announces that despite having only 13% of the world's population, the Americas account for more than 64% of deaths related to COVID-19 globally
Aug	19	Apple becomes the first US corporation to top a net worth of more than \$2 trillion. Their stock prices have doubled since March 2020.
Aug	19	The New York Police Department creates a special Asian Hate Crime Task Force in response to a marked increase in anti-Asian hate crimes during the pandemic
Aug	19	Confirmed cases in Colombia top 500,000
Aug	19	During a general audience, Pope Francis states, "On the one hand, it is imperative to find the cure for a small but terrible virus, which is bringing the whole world to its knees. On the other hand, we must cure a great virus, that of social injustice, inequality of opportunity, marginalization and lack of protection for the weakest."
Aug	20	Sweden records the highest death tally in 150 years in the first half of 2020
Aug	20	The Brazilian Congress overrules President Bolsonaro's veto and rules that masks are mandatory in indoor spaces. They also uphold the government's responsibilities to protect Indigenous peoples.

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Aug	20	The White House formally declares that teachers are essential workers, a move largely seen as a political attempt to resume and maintain in-person classes
Aug	21	WHO director-general states, “With more connectedness, the virus has a better chance of spreading . . . but at the same time, we also have technology to stop it, and the knowledge to stop it”
Aug	21	South Korea goes back into a stricter lockdown following a spike in cases
Aug	21	Paraguay announces social quarantine in the country’s capital, Asunción, and its central region due to an increase in cases in that country
Aug	23	The FDA in the USA issues emergency use authorization for convalescent plasma for COVID-19 treatment
Aug	24	A 33-year-old man living in Hong Kong is the first person confirmed to have had COVID-19 twice; other confirmed cases of being infected twice follow in the days after
Aug	24	Olympic superstar Usain Bolt announces he has tested positive for COVID-19
Aug	24	Kentucky Fried Chicken suspends its famous “finger lickin’ good” slogan due to coronavirus
Aug	25	Indian Institute of Technology Bombay uses avatars for virtual graduation ceremony
Aug	25	WHO announces that the pandemic is disrupting polio vaccination efforts in Africa
Aug	25	A survey from KPMG indicates that nearly 70% of large company CEO’s plan to downsize their office space
Aug	26	Argentina’s annual Tango World Championships begin virtually
Aug	27	Pew Research Center releases a report that shows the USA and UK ranking worst in terms of how their populations feel the government has handled the coronavirus; Denmark and Australia rank at the top of the list
Aug	28	Lord & Taylor, the first department store established in the USA, announces that it will be going out of business
Aug	28	Brazil’s “paradise islands” reopen only to tourists who have already had COVID-19
Aug	29	Notting Hill Carnival begins in the UK, but only in virtual format
Aug	30	Nearly 40,000 people protest in the streets of Berlin against coronavirus restrictions
Aug	30	Global confirmed cases top 25 million with more than 840,000 confirmed deaths
Aug	31	Confirmed cases in the USA top 6 million with more than 180,000 confirmed deaths
Aug	31	An official report shows that the Indian economy shrank by 23.9% in the three months ending June, the fastest contraction on record for that country
Aug	31	The US Department of Health and Human Services offers a \$250 million contract to a PR firm to “defeat despair and inspire hope” against the pandemic
Sept	1	Confirmed cases in Russia top 1 million cases with just over 17,000 confirmed deaths

Month	Date	Event
Sept	1	Zoom reports that their company's profits rose by nearly 3,300% compared to the same period one year ago
Sept	1	A recent survey by the World Economic Forum and Ipsos among 27 countries shows that 74% of adults would get a vaccine if available – the highest rate of support was 97% in China; the lowest rate of support was 54% in Russia
Sept	1	Spain reports that they had 75% tourists in July compared to a year ago
Sept	1	Brazil officially enters into recession with a 9.7% fall in GDP in the second quarter as compared to the first quarter
Sept	1	Elon Musk becomes the third richest person in the world. His personal wealth has increased more than \$80 billion since the beginning of the pandemic.
Sept	2	Pope Francis holds his first public audience since March
Sept	2	Australia enters recession for the first time in nearly 30 years
Sept	2	The USA announces that they will not participate in an international effort to develop and distribute a vaccine because it is linked to the WHO
Sept	2	More than 570,000 healthcare workers across the Americas have been infected by the virus
Sept	2	The Moria refugee camps in Greece confirm their first case of COVID-19
Sept	3	Actor Dwayne “The Rock” Johnson announces that he and his family have tested positive for the virus
Sept	4	Confirmed cases in Brazil top 4 million with nearly 125,000 confirmed deaths
Sept	4	A recent WHO survey of 105 countries shows that 46% of those countries reported disruptions in malaria treatment and diagnosis
Sept	4	The WHO announces that COVID-19 deaths are likely undercounted at this time
Sept	4	WHO director-general Tedros Adhanom Ghebreyesus states, “the first priority must be to vaccinate some people in all countries, rather than all people in some countries,” making the point that people, not countries, should be given priority when a vaccine becomes available
Sept	4	According to an article in <i>The Lancet</i> , Russia's COVID-19 vaccine generates an immune response
Sept	5	Confirmed cases in India top 4 million with nearly 70,000 confirmed deaths
Sept	7	Confirmed cases in Egypt top 100,000
Sept	7	Confirmed cases in Spain top 500,000, more than any other country in Western Europe
Sept	8	Nine of the leading vaccine makers announce a pledge to follow “high ethical standards” in vaccine development and release
Sept	8	Some World Cup–qualifying games are moved to 2021 because of the pandemic
Sept	9	Drug maker AstraZeneca pauses coronavirus vaccine trial after a volunteer comes down with an unexplained illness
Sept	9	A new report suggests that the USA undercounted coronavirus cases by as much as 90% and that there might have been over 6.4 million cases by as early as April 18

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Sept	12	Delhi's subway system reopens after having been closed for more than five months
Sept	13	Confirmed daily cases in France top 10,000 in a day, the highest count since the pandemic began
Sept	13	Confirmed daily cases globally reach 307,930, the highest 24-hour increase since the pandemic began
Sept	13	The Gates Foundation releases their annual Goalkeepers Report, which argues that the pandemic has set global progress back by "25 years in 25 weeks"
Sept	16	Confirmed cases in India top 5 million cases
Sept	16	A new analysis by UNICEF indicates that an additional 150 million children have been plunged into poverty as a result of the pandemic, bringing the total number of children living in multidimensional poverty to over 1.2 billion
Sept	17	India reports 97,894 new cases in a single day, the highest of any country since the pandemic began
Sept	17	Confirmed global cases top 30 million
Sept	18	Israel begins a second general lockdown amidst a surge in cases in that country
Sept	18	London announces that they are cancelling their New Year's Eve firework display
Sept	20	The Emmy Award ceremony takes place virtually
Sept	22	Confirmed COVID-19-related deaths in the USA top 200,000 (an average of more than 850 deaths per day since the first death was reported on February 6)
Sept	23	WHO director-general Tedros Adhanom Ghebreyesus states, "Just as COVID-19 has spread around the world, so too have rumors, untruths, and disinformation. And they can be just as dangerous."
Sept	23	The Metropolitan Opera cancels their 2020–21 season due to concerns about the pandemic
Sept	23	An announcement is made that New York City's Times Square annual New Year's Eve ball drop – one of the largest NYE celebrations in the world – will be virtual this year
Sept	25	Confirmed cases in the USA top 7 million
Sept	26	A new report reveals that fewer than 20% of Brits self-isolated after showing key COVID-19 symptoms
Sept	28	Confirmed cases in India top 6 million – it took six months for that country to reach 1 million cases but only two more months to reach 6 million cases
Sept	28	It is announced that the G20 Summit will be held virtually in November
Sept	28	New York State extends residential eviction protections through the end of the year
Sept	28	Confirmed COVID-19-related deaths top 1 million globally
Sept	30	India's vice president, M. Venkaiah Naidu, tests positive for COVID-19
Sept	30	A new report suggests that as many as 60 million people in India might have already contracted the virus
Oct	1	A new survey shows that more than 61% of households in the USA with children under 18 are dealing with increased financial hardship due to the pandemic, with 44% of households reporting spending all or most of their savings during the pandemic
Oct	1	A new study suggests that more than 500,000 additional girls are at risk of child marriage due to the pandemic

<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	1	Gavi, the Vaccine Alliance approves \$150 million to help 92 low- and middle-income countries obtain and deliver a future vaccine
Oct	1	A report suggests that Trump was likely the largest driver of misinformation related to the COVID-19 pandemic
Oct	1	Global clothing retailer H&M announces that they will be closing 250 stores as a result of the pandemic
Oct	2	Donald and Melania Trump both announce having tested positive for the COVID-19 virus – a large number of people who work closely with Trump soon follow with confirmations of having tested positive
Oct	3	Confirmed COVID-19-related deaths in India top 100,000
Oct	3	Poland reports 2,367 new confirmed cases – the highest reported daily increase since the pandemic began
Oct	4	Pope Francis says that capitalism has failed during the pandemic
Oct	5	Confirmed global cases top 35 million – more than half of those cases are in the USA, India, and Brazil
Oct	6	A new report from the WHO suggests that as many as one in ten people on the planet might have already had the virus
Oct	7	The <i>New England Journal of Medicine</i> publishes an editorial condemning the Trump administration's response to the pandemic
Oct	7	Canada's weekly average of new COVID-19 cases reaches its highest levels since the pandemic began
Oct	7	More than 1,000 new cases are linked to a single garment factory in Sri Lanka
Oct	8	Confirmed cases in Brazil top 5 million with nearly 150,000 deaths
Oct	8	The World Bank releases a report indicating that as many as 115 million more people could be pushed into extreme poverty by the end of 2020, and as many as 150 million during 2021, as a result of the pandemic
Oct	8	The UK reports 17,540 new confirmed cases – the highest reported daily increase since the pandemic began
Oct	9	China officially joins the COVAX vaccine initiative
Oct	9	Broadway announces that all shows will be suspended through at least May 2021
Oct	9	The United Nations World Food Programme wins the 2020 Nobel Peace Prize in part because of their efforts to combat food scarcity during the pandemic
Oct	9	The WHO reports 350,766 new confirmed COVID-19 cases in a single day – the highest daily confirmed increase by that organization since the pandemic began
Oct	9	Canada reports 2,558 new confirmed daily cases – the highest reported daily increase since the pandemic began
Oct	10	France reports 26,896 new confirmed daily cases – the highest reported daily increase since the pandemic began
Oct	11	Confirmed cases in India top 7 million. The country maintains one of the lowest death rates in the world.
Oct	11	Confirmed death toll in Brazil tops 150,000
Oct	12	Confirmed cases in Latin America and the Caribbean top 10 million – with almost 370,000 confirmed deaths related to the virus
Oct	12	WHO director-general Ghebreyesus speaks out against a “herd immunity” approach as the primary way to control the virus citing, “letting COVID-19 circulate unchecked therefore means allowing unnecessary infections, suffering, and death”

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xxx Timeline of COVID-19

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<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	12	Chinese authorities in the town of Qingdao plan to perform 9 million tests on the population over the course of five days after a dozen new cases were reported in the city
Oct	12	Four members of the Swiss Guard, the elite guard that protect Pope Francis, have tested positive for the virus
Oct	12	Confirmed cases in Iran top 500,000 with just over 28,800 confirmed deaths related to the virus
Oct	12	Drug maker Johnson & Johnson pause their advanced clinical trial of a vaccine because of an “unexplained illness” in one of the volunteers
Oct	13	South Korea mandates the use of face masks at all crowded facilities
Oct	13	Fans are able to attend a Major League Baseball game in person for the first time since March
Oct	13	Russia reports 13,868 new confirmed cases – the highest reported daily increase since the pandemic began
Oct	13	Soccer star Cristiano Ronaldo tests positive for the virus
Oct	13	The New York Philharmonic cancels their entire season for the first time in history
Oct	14	A woman in the Netherlands dies after having caught the virus twice, the first reported reinfection and death
Oct	14	Portuguese Prime Minister, Antonio Costa, declares a “state of calamity” in that country because of the pandemic
Oct	16	Confirmed cases in the USA top 8 million, another 1 million cases were added in just the last three weeks
Oct	18	Slovakia’s Prime Minister, Igor Matovic, announces plans to test every person in that country
Oct	18	Switzerland announces a nationwide mask mandate
Oct	19	Confirmed global cases top 40 million, with more than 1.1 million confirmed deaths as a result of the virus
Oct	19	China announces that their economy expanded by 4.9% from the July-to-September period as compared to one year ago
Oct	19	Portugal surpasses 100,000 confirmed cases though their death toll remains low at just 2,198
Oct	19	Confirmed cases in Argentina top 1 million
Oct	21	Confirmed cases in Spain top 1 million
Oct	21	The UK reports a highest single-day increase so far with 26,688 new confirmed cases; Italy also reports a new daily high with 16,079 cases
Oct	22	Confirmed cases in France top 1 million
Oct	22	The FDA approves Remdesivir as a treatment for hospitalized COVID-19 patients despite that a WHO study found that the drug does not help patients to survive or even recover faster
Oct	22	Macy’s announces that Santa Claus will not visit their stores this year, breaking a 159 year old holiday tradition
Oct	23	Uruguay announces that they will close their borders over the summer season to help prevent the spread of the virus
Oct	23	Polish president Andrzej Duda tests positive for the virus
Oct	24	Confirmed cases in Colombia top 1 million
Oct	24	Feeding America, the largest hunger relief organization in the USA, announces that up to 54 million people in that country could soon face food insecurity, 17 million more than before the pandemic
Oct	25	Spain imposes a national nighttime curfew to help curb the spread of the virus
Oct	26	It is suggested that as many as 1 in 5 members of Russia’s lower house of parliament have had or currently have COVID-19

<i>Month</i>	<i>Date</i>	<i>Event</i>
Oct	26	A new report suggests that 40-45% of people infected with the virus remain asymptomatic but may account for more than 50% of transmissions
Oct	27	Confirmed daily new cases globally top 500,000 for the first time since the pandemic began
Oct	27	Russia and Portugal both impose a nationwide mask mandate
Oct	27	The Czech Republic reports a record 15,663 new daily cases – it is currently the country with the highest reported cases per million in all of Europe
Oct	28	Confirmed cases in India top 8 million
Oct	28	Taiwan goes 200 straight days without recording any locally transmitted cases
Oct	30	Confirmed global cases top 45 million
Oct	30	Confirmed cases in the USA top 9 million, another 1 million cases were added in just the last two weeks
Oct	30	Confirmed cases in Japan top 100,000
Oct	30	Confirmed cases in Europe top 10 million, with more than 1.5 million cases reported in the last week alone
Oct	31	Confirmed cases in the UK top 1 million alongside an announcement of a new nationwide lockdown
Nov	1	Australia records zero new daily COVID-19 cases for the first time in 5 months
Nov	3	Hall of Fame quarterback John Elway tests positive for the virus
Nov	4	Denmark announces that they will cull all of the 17 million mink in the country in order to avoid the spread of a mutated form of the virus
Nov	4	Several European countries report new daily high case counts including Poland (27,143), Germany (19,900), and the Czech Republic (15,728)
Nov	4	The USA confirms 107,771 new daily cases, the first time any country has topped the 100,000 mark
Nov	5	Germany reports a record 21,506 new daily cases
Nov	6	France reports a record 60,486 new daily cases bringing the total to over 1.8 million; Russia also reports a record 20,582 new daily cases also bringing the total to nearly 1.8 million
Nov	6	White House Chief of Staff, Mark Meadows, tests positive for the virus
Nov	7	Joe Biden becomes the 46th president-elect in the USA and announces plans for a new coronavirus task force
Nov	7	Bosnian Prime Minister, Zoran Tegetijica, tests positive for the virus
Nov	7	Britain's Queen Elizabeth is seen in a face mask for the first time during a public ceremony
Nov	7	The USA confirms 126,742 new daily cases, the highest single day increase for any country since the pandemic began
Nov	8	As surges spike all over the world, there are now more than 50 million confirmed cases and more than 1.25 million confirmed deaths as a result of the virus
nd	nd	a successful vaccine is made available to the general public

NOTES ON THE CONTRIBUTORS

Toni Attard is the Founder and Director of Culture Venture, an arts advisory and management firm. He was the first Director of Strategy at Arts Council Malta and served as an advisor to the Ministry of Finance to co-author the Creative Economy Strategy and is one of the authors of Malta's national Cultural Policy. Toni is a regular speaker at international conferences and a visiting lecturer in arts management at the University of Malta. He is a founding member of Opening Doors, an NGO for the artistic development of adults with learning disabilities. Toni chaired the International Programming Advisory Committee for the 8th World Summit for Arts and Culture in Malaysia.

Donna J. Barbie earned a PhD from Emory University and is an associate dean of the College of Arts and Sciences and professor of humanities and communication at Embry-Riddle Aeronautical University in Daytona Beach, Florida. Publications in cultural studies include the monograph *The Making of Sacagawea: A Euro-American Legend*; a chapter concerning Tiger Woods in *Horsehide, Pigskin, Oval Tracks, and Apple Pie*; and two edited anthologies about sports, *The Tiger Woods Phenomenon* and *Athletes Breaking Bad*. She is an avid golfer and has attended golf tournaments around the globe.

Lee Millar Bidwell, Professor of Sociology, has been teaching at Longwood University since 1990. She received a BA in sociology and political science from Maryville College in 1984, and a master's degree (1986) and PhD (1991) from the University of Tennessee, Knoxville. She is the co-author of the textbook *Sociology of the Family: Investigating Family Issues*. Lee is a certified family life educator and specializes in teaching family classes. She is currently involved in a collaborative project designed to enhance parental engagement with children, and is conducting research on the value of project-based learning for undergraduate student learning.

Dinur Blum is a lecturer in the Department of Sociology at California State University, Los Angeles. He received his PhD from the University of California, Riverside. He researches the social causes of mass shootings in the United States (with Christian G. Jaworski) and is publishing a forthcoming book (working title: *School, Sports, or Sleep: Student-Athletes and the College Dilemma*) exploring obstacles student-athletes face to help them in school. Dinur co-hosts the *Learning Made Easier* podcast with Dr. Adam G. Sanford, offering effective learning and teaching techniques. He has been interviewed by various news outlets as an expert on mass shootings.

Pamela P. Chiang received her MSW and PhD from the University of Illinois at Urbana-Champaign. She is currently an associate professor of social work in the Department of Sociology, Anthropology, Criminology, and Social Work at Eastern Connecticut State University. She is passionate about empowering immigrants and their families in their access to services and equity in the United States, particularly those of Asian descent. Her research interests are centered on immigrants' mental health service use, immigrant families in the child welfare system, evidence-based pedagogies of macro practice, and culturally sensitive pedagogies in social work education.

Deborah J. Cohan, Associate Professor of Sociology at the University of South Carolina Beaufort, is the author of *Welcome to Wherever We Are: A Memoir of Family, Caregiving, and Redemption*. A public sociologist, she writes for *Psychology Today*, is a frequent contributor to *Inside Higher Ed*, and is regularly featured in national media including: CNN, MSN, *Teen Vogue*, *USA Today*, *US News & World Report*, *The New York Times*, *The Washington Post*, *The Chicago Tribune*, and *The Atlanta Journal-Constitution*. Deborah is trained in mindfulness and healing work and facilitates Deep River workshops.

Kristen Desjarlais-deKlerk is a public sociologist who teaches sociology full time at Medicine Hat College in Medicine Hat, Alberta. Her academic work has centered on health, stress, and social support with a focus on homelessness and housing. Before completing her doctoral work, she worked at a homeless shelter, and she maintains connections to homeless service agencies.

Jodie Dewey is a professor of sociology and director of the Criminal Justice Program at Concordia University Chicago. Her research interests mainly focus on how gender shapes institutional knowledge and practices used in the field of medicine, psychiatry, and the criminal justice system and how such processes regulate the daily lives of those most marginalized in society. Specifically, Jodie has studied and published on reintegration of the formerly incarcerated, medical and psychiatric decision-making of trans-identified patients seeking gender transition, and more recently, masculinity and the training of police recruits. This latter work informs her development of a certification in policing that connects academic theory with

social justice principles and practices to students interested in working within the criminal justice system.

Scott T. Grether was born and raised in Asheville, North Carolina. He earned a PhD in sociology from North Carolina State University in 2018. His primary research interests are in exploring how gender, racial, and class inequalities are reproduced in varying social contexts. He explored this thread of research in recently co-authored projects examining how frames of colorblind racism are produced in film reviews and how HR professionals utilize social media and “googling” to screen job candidates. He’s currently working on projects examining the relationship between social support and interracial divorce and how men experience and explain their involvement in housework and child care.

Nazneen Kane is Associate Professor of Sociology at Randolph-Macon College. She received her PhD in sociology and a graduate certificate in women’s studies from the University of Maryland. Her research uses qualitative methods to examine intersections of race, class, and gender within US families. Currently, Nazneen is working on a research project that examines state-level maternal mortality review committees and the ways in which their policies and recommendations drive and/or address practices of obstetric racism. Her recent scholarship can be read in *Contexts*, *Children & Society* and *Sociological Focus*.

John C. Lamothe earned a PhD from the University of Central Florida and is an associate professor of humanities and communication at Embry-Riddle Aeronautical University in Daytona Beach, Florida. He has written and spoken widely about a variety of issues related to athletics, including a chapter in *The Tiger Woods Phenomenon*. He is the co-editor of the anthology *Athletes Breaking Bad* and wrote two chapters for that work. His dissertation, being developed for publication, addresses how culture rhetorically constructs arguments about performance-enhancing technologies in sports.

Steven Master earned an MS from Northwestern University’s Medill School of Journalism and is an associate professor of communication and humanities at Embry-Riddle Aeronautical University in Daytona Beach, Florida. Prior to his teaching career, he worked for 20 years as a sports writer for the *Daytona Beach News-Journal*, where he still contributes as a correspondent. His 2006 story commemorating the 40th anniversary of Jackie Robinson breaking baseball’s color barrier earned a national award from the Associated Press Sports Writers. Steven also was previously a columnist for *NASCAR Illustrated* and published a chapter in both *The Tiger Woods Phenomenon* and *Athletes Breaking Bad*.

James K. Meeker is an assistant professor of sociology at University of Maryland Eastern Shore. Previously, James was a visiting assistant professor at Miami University, Oxford, Ohio. James graduated from Kent State University with a PhD

in sociology in 2019, having been awarded the 2019 Lewis–Benson Outstanding Graduate Teaching Award, the 2018 Outstanding Doctoral Student Award, and the 2017 James E. Fleming Memorial Award in Theory. Currently, James’s research investigates the relationship between inequality and cultural production, having most recently published an article examining the role of resistance and misrecognition in hip-hop music in *Critical Sociology*.

Heather L. Mello is a writing instructor at Nazarbayev University, Kazakhstan. She began her career as a military linguist and later earned a master’s in sociology from Georgia Southern University and a PhD in linguistics from the University of Georgia. She has taught language and social science courses in academic and community settings in the USA and abroad and worked as a public health researcher and statistician for state and federal agencies. Heather served twice as a US Department of State English Language Fellow in Volga-region Russia. Her research interests include the sociology of language, heritage languages, and language variation.

Melissa A. Milkie is Professor and Graduate Chair of Sociology at the University of Toronto. An author of *Changing Rhythms of American Family Life*, her research centers on links among gender, work-family strains and well-being. With a unique focus on gendered culture, she identifies forces linked to mothering and fathering across time and region. Current projects include analyzing (1) paradoxes within families’ time use; (2) trends, ethnic variations, and cross-cultural patterns of parents’ paid and unpaid labor, and leisure time; (3) multi-level buffers of work-life conflicts, and (4) parental strains among Syrian refugee mothers. Her research has been supported by SSHRC-Canada and the US-NIH.

Monita H. Mungo, PhD, is an assistant professor in the Department of Sociology and Anthropology and the Associate Director of the First in the Family Center at the University of Toledo. Her research seeks to unearth and disperse the myriad of ways society marginalizes, oppresses, distorts, ignores, silences, destroys, appropriates, and commodifies the voices of people of color generally, and Black folks specifically. Her research interests focus on the inequities of access and success in higher education as well as teaching and learning policies and practices, racial inequality, critical race theory, and roots of social conflict.

JoEllen Pederson, Associate Professor of Sociology, has been teaching at Longwood University since 2013. She received a BA in sociology from Berea College in 2007, and a master’s degree (2010) and PhD (2013) from Florida State University. Her research interests include cross-national welfare state comparisons, health care, and aging. In addition to research, JoEllen works with interdisciplinary groups of faculty and students to improve project-based learning with a service-learning focus resulting in multiple publications. She is presently engaged in a multi-year collaborative project focusing on improving parental involvement, as well as research on the health benefits of volunteering.

Marilyn Plumlee earned a PhD in linguistics from the University of Hawai'i. She has taught language and linguistics courses at both undergraduate and graduate levels at universities in the USA, South Korea, and Egypt. She is currently a faculty member of the Writing and Communication Studies program at Nazarbayev University in Kazakhstan. Marilyn served terms as the national president of the professional association of English language teachers in both Korea and Egypt. She has had leadership roles in internationalization projects in both academic institutions and private sector international educational exchange organizations. Her current research interests are in multilingualism, language sociology, and intercultural communication.

Lynnette Porter is a professor in the Humanities and Communication Department at Embry-Riddle Aeronautical University in Daytona Beach, Florida. She has authored or edited more than 20 books. Although she frequently analyzes themes within television series, her most recent publications document more personal concerns. Her memoir, *A Year in the Life of a "Dead" Woman: Living With Terminal Cancer*, describes, in part, her experiences and concerns with US health care. For a forthcoming book, she interviewed beekeepers in the US and Canada to better learn about protecting pollinators; her interviews returned her to her professional roots as a technical communicator.

J. Michael Ryan is an assistant professor of sociology at Nazarbayev University (Kazakhstan). He has previously held academic positions in Portugal, Egypt, Ecuador, and the United States of America. Before returning to academia, Michael worked as a research methodologist at the National Center for Health Statistics in Washington, DC. He is the editor of *Trans Lives in a Globalizing World: Rights, Identities, And Politics* (Routledge, 2020) and *Core Concepts in Sociology* (Wiley, 2019), and co-editor of multiple volumes including *Gender in the Middle East and North Africa: Contemporary Issues and Challenges* (with Helen Rizzo, 2020), *The Wiley-Blackwell Encyclopedia of Social Theory* (with Bryan Turner et al., 2018), and *The Concise Encyclopedia of Sociology* (with George Ritzer, 2011).

Daniel M. Ryu, PsyD, is currently completing a postdoctoral fellowship in the Palo Alto VA Health Care System. Daniel has a strong background in leadership and service in professional and institutional committees oriented toward LGBTQ+ well-being and access to care, including currently serving as a diversity committee member at the Palo Alto VA and previously in the LGBTQ+ Healthcare Equity Committee at the Cambridge Health Alliance/Harvard Medical School, and they co-chaired the Gender and Sexual Diversity Special Interest Group of the Association for Contextual Behavioral Science. Daniel's experience and clinical work is broadly inclusive and diversity focused, and they have experience conducting psychotherapy in both English and Spanish.

Adam G. Sanford, PhD (UC Riverside 2012), is a long-term lecturer in the Department of Sociology at California State University Dominguez Hills. His

research focuses on legitimacy assignment, decision-making, viral ideas, and pedagogical methods. Past research centered on socioeconomic status and life expectancy (with Dr. David Swanson), student-athletes' assignments of legitimacy to coach and family demands (with Dr. Dinur Blum), and effective teaching methods. Adam's research interests include the sociology of education, criminology and deviance, pedagogy, social theory, and cognitive studies. He co-hosts the *Learning Made Easier* podcast with Dr. Dinur Blum and has been interviewed by the *Chronicle of Higher Education*.

Matthew D. Skinta, PhD, ABPP, is a board-certified clinical health psychologist and an assistant professor at Roosevelt University. His background is in integrated medical settings, HIV/AIDS-related work, and supervision and training. Matthew has specific clinical expertise working with sexual orientation and gender identity, HIV/AIDS, chronic pain, and chronic depression. His research interests are primarily focused on the interpersonal costs of minority stress upon sexual and gender minority (SGM) individuals. Past research has focused on the efficacy of clinical approaches that might promote vulnerability, acceptance, and self-compassion in ways that nurture social connections and promote health.

Stacy L. Smith, PhD (Kansas State University 2017), is a fixed-term assistant professor in the Department of Sociology at Michigan State University. Her research focuses on meaning making, identity creation, and social cohesion in marginalized groups. Her research on Deadheads (fans of the Grateful Dead) produced seven mechanisms responsible for social cohesion in that subculture. Currently, she seeks to use qualitative methods to understand the complex interaction between sublimated and realized identity among cosplayers. Her research interests include group behavior (subcultures and social movements), sociology of culture, social psychology, emotion, and pedagogy. Her work has also been featured in *Teaching Sociology*.

Angela H. Sun, MA, completed her BA in psychology at UC Berkeley and her MA in Chinese history at the Regional Studies – East Asia program at Harvard University before moving to and working in China for nine years. Her experiences as a first-generation immigrant to the USA and then as an American expatriate living in China have led her to be interested in identity issues and life transition. She is currently pursuing her doctorate in clinical psychology at Roosevelt University and plans to work with diverse and underserved communities in interdisciplinary healthcare settings in the US and abroad.

Magdalena Szaflarski, PhD, is an associate professor of sociology and scientist in medicine and public health at the University of Alabama at Birmingham. Her research interests include immigrant health, religion and HIV, and disparities in epilepsy care. Her most recent study examines health professionals' attitudes toward medical cannabis. Magdalena's research has been funded by the NIH, state agencies, and private organizations. She teaches graduate seminars in medical sociology,

contemporary theory, sociology of mental health, global health, and healthcare delivery systems, as well as undergraduate courses in the sociology of mental health, globalization, and social change.

Valerie Visanich, PhD, is a senior lecturer at the Department of Sociology at the University of Malta. Her latest published work is her monograph entitled *Education, Individualization and Neoliberalism: Youth in Southern Europe* (Bloomsbury). She is a co-editor (with Victoria Alexander and Christopher Mathieu) of the forthcoming book series *The Sociology and Management of the Arts* (Routledge). She is one of the authors of Malta's national cultural policy and had occupied the position of chairperson within the European Sociological Association, Research Network Sociology of Art (RN02) between 2017 and 2019. Valerie is the co-founder and current board member of the Malta Sociological Association.

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COVID-19

Social consequences and cultural adaptations

J. Michael Ryan

The SARS-CoV-2 virus, commonly referred to as COVID-19, is perhaps the greatest threat to life, and lifestyles, the world has known in more than a century. The first case of a “pneumonia with an unknown cause” was reported to the World Health Organization (WHO) by the Chinese authorities on December 31, 2019. The WHO declared COVID-19 a global pandemic some three months later on March 11, 2020 (though they had already labeled it a “public health emergency of international concern” as early as January 30). There are now few, if any, people on the planet that have not in some way been impacted either directly by the virus itself or by the series of lockdowns and preventative measures that have been put in place to control it. It is, with little argument, the pandemic that will mark a generation.

As of mid-October 2020, there were some 40 million confirmed cases of COVID-19 worldwide and more than 1 million confirmed deaths related to the virus. And while more than half of those cases are in just three countries – the USA, Brazil, and India – there is arguably no country on the planet that has not felt the major impacts of the pandemic. This has been the most widely responded to (emphasis on “responded to”) global pandemic in generations.

From the time the first case was officially reported to the WHO, it took just over three months for there to be 100,000 confirmed cases of COVID-19 around the world (which happened on March 7); just 12 days to double that number (March 19); and just three more days to reach 300,000 (March 22). Less than two weeks later, confirmed cases topped 1 million (April 2) and less than two weeks after that they topped 2 million (April 15). Just over a month later cases had already reached 5 million (May 21), doubling to 10 million just 38 days later (on June 28), and doubling again to 20 million just 44 days after that (August 10). It took more time for the number of cases to climb from one to 100,000 than it did for them to climb from 10 million to 20 million. From another perspective, while it took

more than 180 days to reach 10 million confirmed cases, it took just 44 more days to reach 20 million. The spread of the virus on a global level has undoubtedly been exponential rather than arithmetic.

No doubt by the time this volume appears in print, the numbers will be greater still. It is also important to note the key word of “confirmed,” as it is certain that there have been far more cases, and far more deaths, directly related to COVID-19 than official numbers have captured. This is in part due to the ongoing global shortage of COVID-19 testing, the reluctance and/or inability of many counties to properly report accurate numbers (we have, in fact, seen the numbers of many countries increase as testing and reporting improved), and the nearly universal recommendation in light of shortages of testing, hospital accommodations, and other socio-medical deficiencies that those with mild symptoms stay home (thereby not allowing for inclusion in official tallies).

Perhaps more insightful of our status as a global human community than the reported numbers of cases and deaths has been the extreme variation in ways that different communities have responded to the crisis. In addition to being a global medical pandemic, COVID-19 has done much to reveal the ways in which we as human beings sharing a single planet view ourselves in terms of nation-states, races, ages, institutions, political ideologies, social classes, and, indeed, members of a shared humanity. While the pandemic has brought humanity together in some noteworthy ways, it has also laid bare many of the systemic inequalities that lay at the foundation of our global society.

The impact of the virus has spread well beyond the realm of the medical, also heavily affecting social, cultural, economic, political, and quotidian ways of living for nearly every human being on the planet. It has impacted not just the way we live today, but also the ways we will be able to live tomorrow. As a sociologist, I had initially placed calls for contributions to a volume on the sociology of COVID-19. Given the outpouring of interest from researchers across a broad range of fields, I later realized how short-sighted this call was to the humanitarian interests at hand and redirected the focus of the volume to a broader interest in all aspects of the causes and consequences of the virus, and, even more so, to the impact of responses to it. The great number of high-caliber proposals also prompted me to push for the creation of two separate, though highly interrelated, volumes in order to be able to help bring more of this high quality work to print.

This volume, *COVID-19: Social Consequences and Cultural Adaptations*, addresses issues related to institutional adaptations, communal consequences, cultural adaptations, and unveiling social inequalities. The chapters in this volume address such critical issues as the future of institutions of higher learning, local responses to a global pandemic, culture changes related to the call to utilize personal protective equipment, and the impact of the virus on racial, gender, and sexual minority populations.

The companion volume, *COVID-19: Global Pandemic, Societal Responses, Ideological Solutions*, addresses issues related to ethics and ideologies, exacerbating

inequalities, and social responses to crisis. The chapters contained within that volume address such critical issues as poverty work amidst the pandemic, environmental impacts, changes in the understanding and application of key social scientific theoretical perspectives, and how the novelty of the virus has increasingly become accepted as commonplace.

Together, these two volumes represent a timely and critical advance in knowledge related to what many believe to be the greatest threat to global ways of being in more than a century. They represent the collaboration of some of the leading social scientists from across the globe, including sociologists, anthropologists, psychologists, political scientists, historians, economists, scholars of race and ethnicity, sex and gender, class and inequality, and the work of leading social activists and scholars committed to social justice. The scholarship in the two volumes represents contributions from nearly a dozen countries across five continents and includes contributions from many well-known, high-profile scholars (e.g., George Ritzer, Bryan Turner, Serena Nanda, and Melissa A. Milkie) as well as top-notch contributions from well-established and up-and-coming researchers from a variety of fields.

It is imperative that academics take their rightful place alongside medical professionals as the world attempts to figure out how to deal with the current global pandemic and how society might move forward in the future. These volumes represent a response to that imperative.

Introduction to chapters

In the second chapter of the volume, Ryan begins by highlighting the important distinction between SARS-CoV-2 as a virus and COVID-19 as a pandemic. He further highlights potential reasons why this particular virus and the associated pandemic are receiving such unprecedented attention. Ryan goes on to discuss the tenuous reasons why this pandemic might contain some silver linings, further unpacks a small portion of the reasons why this pandemic is inarguably a bad thing, and explores some of the as-yet unknowns related to the pandemic as it exists today. Ryan concludes with some thoughts as to potential future impacts and possible directions as to where we, as a global community, can go from here.

In the third chapter, “Rethinking What We Value: Pandemic Teaching and the Art of Letting Go,” sociologist Deborah J. Cohan draws on themes gleaned from her memoir that was published less than a month before the pandemic put a chokehold on our lives. Reflecting on the central lessons from the memoir, she creatively uses these to make sense of the pitfalls, priorities, and possibilities of pedagogical shifts in pandemic teaching. As educators around the world seek to find not only new ways of doing their work, but new ways of finding meaning in doing so, Cohan’s insights serve as a practical, moral, and therapeutic guide to teaching in the era of pandemic.

The sudden transition to online instruction mid-semester at traditional, residential colleges and universities due to the COVID-19 pandemic created unprecedented

challenges for students and faculty. In Chapter 4, “Disruption and Difficulty: Student and Faculty Perceptions of the Transition to Online Instruction in the COVID-19 Pandemic,” Lee Millar Bidwell and her co-authors draw on two sets of surveys distributed to faculty and students to analyze faculty and student perceptions and experiences of the abrupt move to online instruction. Their findings indicate that students and faculty agreed that the move to online instruction was necessary and that online learning is less effective than face-to-face instruction; however, they also indicate that faculty misjudged the degree to which students were concerned about balancing work, school, and family obligations and changes to course material. The authors conclude by recommending better emergency planning by and communication from university administrators as necessary to facilitate a more seamless response to unforeseen events.

Building on the aforementioned themes, Adam G. Sanford and his co-authors in Chapter 5, “Seeking Stability in Unstable Times: COVID-19 and the Bureaucratic Mindset,” argue that as a bureaucracy, higher education is ill-suited to make rapid changes such as those demanded by COVID-19. They draw on the works of Weber, Lenski, Durkheim, Garfinkel, and Sanford to explain *bureaucraticity*, or the bureaucratic culture and mindset; how its norms of assembly, rules, rule-makers, rule-enforcers, and standards were disrupted by the onset of the international pandemic; and how some types of bureaucratic norms and actors worsened, rather than improved, institutional response to the pandemic. They conclude by suggesting avenues for further research into remedies for bureaucracies when confronted with unavoidable and sudden change, noting that novel problems demand nuanced solutions and that this creates a conflict for bureaucracies, where simple, rapid solutions are the default.

Policing has become a global health crisis. In Chapter 6, “The Solution Is the Problem: What a Pandemic Can Reveal About Policing,” Jodie Dewey argues that though global pandemics and police-involved deaths appear to be separate problems, they become interconnected when the government transforms a health crisis into a criminal justice problem. Dewey further argues that the COVID-19 pandemic has revealed enduring health disparities among communities already experiencing the negative effects of aggressive police tactics and shows how protests against police violence and police responses to those protests both help further spread the virus.

During the COVID-19 pandemic, healthcare providers have made stay-at-home orders to help minimize the spread of the virus. This has been a particularly problematic public health intervention for those experiencing homelessness as well as those who provide services to the homeless. In Chapter 7, “Housing as Health Care: Mitigations of Homelessness During a Pandemic,” Kristen Desjarlais-deKlerk examines the ways in which three different Canadian cities have responded to the needs of their unique homeless populations and the types of interventions they have enacted. In doing so, she highlights the importance of housing, demonstrates differences in responses, displays the types of risks identified, and cites the ways in which providers have advocated for clients experiencing homelessness.

In Chapter 8, “COVID-19 and Reproductive Injustice: The Implications of Birthing Restrictions During a Global Pandemic,” Nazneen Kane draws on a reproductive justice framework to explore obstetric policy in the United States in the wake of COVID-19. Kane examines three core areas of the birth experience that are impacted by the pandemic – birth setting, birth support, and birth services – and explores the ways in which COVID-19 obstetric policies and practices heighten reproductive injustices and how these injustices map onto women’s lives in differential ways. Kane’s chapter further articulates the importance of considering the ways in which COVID-19 obstetric policies may result in higher rates of maternal mortality for birthing individuals of color.

In Chapter 9, “When Sports Stood Still: COVID-19 and the Lost Season,” Donna J. Barbie and her co-authors argue that although sports cannot distract or unite us through a particular tragedy, their suspension does present an opportunity to examine their importance in our culture. They argue that such an opportunity offers a chance to observe how deeply, if at all, we feel the loss, how we manage to cope and work around it, what we are finding to fill the void, and how this unprecedented event might change sports or how we view them and their place in our lives.

In response to COVID-19, nations have implemented a variety of quarantine measures restricting the movement of their population in order to combat the plague. These restrictions to contain COVID-19 are, by and large, universally supported by the global scientific community and healthcare experts. However, in the United States, a series of movements have emerged to protest these quarantine restrictions. In Chapter 10, “The Political Nightmare of the Plague: The Ironic Resistance of Anti-Quarantine Protesters,” James K. Meeker argues that these anti-quarantine movements are largely motivated by (a) anti-rational and (b) anti-governmental frames standing in contrast to the governmentality of the modern, rational state. Meeker further argues that the growth of these postmodern frames, as evidenced by quarantine protesters, suggests a political climate that is increasingly hostile to rational, scientific, and medical expertise. Rather than a surprise, therefore, it is consequently anticipated that public healthcare policies, such as implementing quarantines, shall be increasingly met with resistance and noncompliance.

Chapter 11, “Toxic Wild West Syndrome: Individual Rights vs. Community Needs” by Dinur Blum and colleagues, introduces the concept of Toxic Wild West Syndrome – the combination of performative rugged hyper-individualism, a weaponized display of strength, and nationalism framed as patriotism in the United States. The authors argue that citizen responses to COVID-19 have fallen into two general categories: prosocial/flexible and hyper-individualist/inflexible, and that while most people are prosocial: self-isolated, working “essential jobs,” or sheltering in place, a highly visible and audible minority falls into the hyper-individualist category: assembling in public to protest public health directives, which disrupt their cherished norms. Although the prosocial response is a larger group, the hyper-individualist response is louder and more visible. The authors call

for extensive research into methods of penetrating and mitigating this inflexibility in order to maximize the safety of the population during this and future crises.

Since the 1918 flu pandemic, wearing masks during illness has been uncommon in many parts of the world. With the spread of the COVID-19 virus, however, this practice has been changing. From discouragement to adoption and promotion, the rise of mask-wearing behaviors is an unusually rapid cultural practice change. In Chapter 12, “Innovation Diffusion, Social Capital, and Mask Mobilization: Culture Change During the COVID-19 Pandemic,” Heather L. Mello applies a “diffusion of innovations” and “social capital” approach to recent mask mobilization and draws on content and corpus analysis methods to examine the role played by formal and informal social relationships in the adoption and diffusion of mask wearing as a pandemic preventive behavior. Mello argues that widespread mask making, organizing, and distribution, and their cascading communication through social networks, played a positive role in this change and further argues that contradictory messaging by social media networks and change agents played a negative role and contributed to anti-mask attitudes and practices.

The COVID-19 pandemic powerfully altered parents’ time schedules and time pressures as their lives shifted in unique and unprecedented ways. In Chapter 13, “Changing Times: New Sources of Parenting Stress and the Shifting Meanings of Time With and for Children,” Melissa A. Milkie shows how three central forms of parents’ time during the pandemic – time parents spent *with* children, *for* children, and *toward safeguarding* children’s futures – was upended. Milkie illustrates how the pandemic transformed these aspects of time, increasing parents’ demands. Notably, the increased demands and pressures related to parental time varied by social class and gender. Looking toward the future, Milkie argues that there may be countervailing effects that lessen the blow of pandemic time stressors, as new meanings surrounding the value of spending time with and for children may develop among families and societies.

When home confinement protocols dramatically reduced face-to-face interaction opportunities as the SARS-CoV-2 virus spread around the globe in the spring of 2020, a group of young adult Deaf friends in Kazakhstan created an online WhatsApp group called “Antistress” where they began sharing information and providing mutual support. In Chapter 14, “Sites of Silence: Deaf Online Communication in the Time of Corona,” Marilyn Plumlee draws on discourse analysis, augmented by the principles of the ethnography of communication, to analyze the communication within this group. Plumlee finds strong evidence of Deaf in-group solidarity and mutual psychological support as they dealt with pandemic-related uncertainties such as infection rates, lockdown measures, and government subsistence payments, in addition to the stress of extended confinement.

There is a limited understanding of how people in different sociocultural contexts have fared during the COVID-19 pandemic and how they have viewed their societies’ responses. In Chapter 15, “People’s Experiences and Attitudes During the COVID-19 Pandemic in the United States and Poland,” Magdalena Szaflarski

compares the perceived threat, governmental response, impacts, and experiences related to COVID-19 in the United States and Poland. Szaflarski finds that COVID-19 perceived threat and impacts (e.g., logistical, psychological) are generally lower in Poland than in the United States, but that views on government responses (e.g., lockdowns) were largely similar. She further finds that conservatives and moderates perceived the COVID-19 threat as lower than did liberals, and that women had a greater fear of the virus than men had.

During the current unprecedented times of uncertainty, workers with insecure income, including artists, are amongst those most prone to experience hardship. In Chapter 16, “Performing Precarity in Times of Uncertainty: The Implications of COVID-19 on Artists in Malta,” Valerie Visanich and Toni Attard tackle the shared concerns of artists during the pandemic, particularly on the disruption of their everyday life and their experienced financial loss. The authors draw on a survey addressed to artists in Malta to inform various recommendations, specifically to secure the right for equitable income for artists.

Since the mass outbreak of COVID-19 began, racist attacks, harassment, and hate speech towards people of Asian descent have drastically increased in many parts of the world. In Chapter 17, “Anti-Asian Racism, Responses, and the Impact on Asian Americans’ Lives: A Social-Ecological Perspective,” Pamela P. Chiang draws on a wide survey sample of adults of Asian descent living in the United States to better understand anti-Asian racism and discrimination experienced by Asians and Asian Americans, their responses to it, and the impact that it has had on their lives during the pandemic. Chiang’s chapter also examines approaches that governments and nongovernmental organizations have taken with regard to the rise of anti-Asian racism amid the pandemic.

The COVID-19 pandemic has upended many aspects of daily life across the globe, though orders to shelter in place and fears about the spread of the virus have had a disparate impact on many minority communities. In Chapter 18, “The Impact of COVID-19 on the Lives of Sexual and Gender Minority People,” Matthew D. Skinta and colleagues argue that sexual and gender minority peoples have served as a lightning rod for political and religious scapegoating during this era, and increased discriminatory acts against their communities have occurred globally. The authors explore some of the forms of bias that have been amplified by the COVID-19 pandemic, in both the type of actions ostensibly intended to prevent the spread of the virus and the more common phenomena of preexisting sites of discrimination becoming amplified within the context of a pandemic.

The spread of the SARS-CoV-2 virus has bewildered scientists and medical experts as well as the politicians and public officials whom they advise. Because the virus behaves in ways that are novel, its current, short-term, and long-term health effects are only beginning to be discovered. This is also true of the social impact of the virus. In Chapter 19, “Violence, Virus, and Vitriol: The Tale of COVID-19,” Monita H. Mungo argues that measures taken, and measures *not* taken, to restrict the spread of the virus have disparate effects on lower socioeconomic groups. Not

only is the current pandemic highlighting stark social inequalities, it is also illuminating numerous problems in social infrastructure. Mungo argues that the spread of the virus and the United States' governmental response provides an ongoing case illustrating the concept of structural violence and its grave consequences.

During parts of 2020, many US states issued stay-at-home or quarantine orders for everyone not performing “essential services,” as defined by the state. High-risk seniors, as defined by the Centers for Disease Control, were highly recommended to stay indoors and have no contact with anyone other than those with whom they live. In Chapter 20, “High Risk or Low Worth? A Few Practical and Philosophical COVID-19 Issues Surrounding the Isolation of High-Risk Senior Women,” Lynnette Porter provides a highly thoughtful analysis about social isolation and loneliness. She further explores questions about the worth and value of high-risk senior women to society and offers valuable insights into life for these women during the pandemic.

Some concluding remarks

The concept of “syndemic” has become increasingly popular during the COVID-19 era. The idea of a syndemic analysis implies examining not only the health consequences of disease interactions but also how they interact with the social, cultural, economic, political, and environmental factors that promote, and worsen, disease. As the chapters in this volume demonstrate, perhaps more than a “pandemic,” COVID-19 is better thought of as a “syndemic.” The tenuous differentiation between health and society has perhaps never been so fraught.

Environmentalists and epidemiologists – two professions finding increasing contact points recently – agree that this is unlikely to be the last great global pandemic. In fact, as human beings increasingly encroach on our natural habitat, thereby increasing our exposure to “hidden” diseases, such pandemics are largely predicted to become increasingly likely. More than a snapshot in time, the current pandemic speaks to what is likely to become the beginning of a new era in global human–virus relations.

As is evident in the introduction to the chapters, this volume (along with its companion) brings together a remarkable diversity and quality of impassioned scholarship. The contributors included in these pages have contributed novel analysis, insights, and theoretical perspectives that have much to offer not just to an understanding of the ongoing world of COVID-19, but also to helping us (re-)build, and better shape, the world beyond.

2

THE SARS-COV-2 VIRUS AND THE COVID-19 PANDEMIC

J. Michael Ryan

It is important from the outset to distinguish between a virus and a social response to a pandemic. Someone dying due to infection from SARS-CoV-2 is the result of a virus. Someone dying due to starvation or disruption of a global medical supply chain, or as a result of their own hand because of exacerbated mental health issues related to confinement, is the result of a response to the COVID-19 pandemic. I will further discuss these differences later, but it is important to note from the outset the importance of distinguishing a virus from a social response to a pandemic in order to better understand how to combat both.

We also need to consider connectedness. In a territorial sense, the current pandemic has highlighted both the magnitude and the diversity/variety of transglobal connections. Environmentalists and anti-nuclear activists have been making this claim for decades, but the current pandemic, and its rapid global spread, has made that claim all the more difficult to ignore. It has also highlighted the interconnectedness between various social systems, on local, regional, national, and global levels. For example, the virus is a medical issue, but one that has had profound impacts on the connected areas of education, housing, employment, discrimination, food security, and religion, to name but just a few.

This chapter will begin by highlighting the important distinction between SARS-CoV-2 as a virus and COVID-19 as a pandemic. It will also highlight potential reasons why this particular virus and the associated pandemic are receiving unprecedented attention. I will then discuss the tenuous reasons why this pandemic might contain some silver linings, further unpack a small portion of the reasons why this pandemic is inarguably a bad thing, and explore some of the as-yet unknowns related to the pandemic as it exists today. The chapter will conclude with some thoughts as to potential future impacts and possible directions as to where we, as a global community, can go from here.

The SARS-CoV-2 virus and the COVID-19 pandemic

It is important to distinguish between the SARS-CoV-2 virus, the virus responsible for causing the disease more commonly labeled as COVID-19, and broader references to the COVID-19 pandemic. A virus is an entity (whether it is alive is still highly debated – see Astorino and Nicola 2021) that infects living organisms. It requires a host to survive and reproduce. The term “pandemic,” on the other hand, refers to the outbreak, occurrence, and spread of a particular disease. In that sense, it has a much more prominent social connotation. There is a clear overlap, but there are also important distinctions. Medical doctors, for example, are primarily responding to the SARS-CoV-2 virus, while politicians, economists, and social scientists are primarily responding to the COVID-19 pandemic.

One way of better understanding the relationship between medical and social factors is to understand the difference between contagion issues and systemic issues. Contagion refers to how likely something is to spread, how easily it spreads, and how quickly it spreads. We can think of the SARS-Cov-2 virus as something that is contagious. A systemic issue refers to something that is an underlying factor in how societies operate, is widespread, and is part of a broader system. We can think of issues of inequality and discrimination as systemic. However, one thing that the COVID-19 pandemic has made clear is that these are not separate issues. In fact, we have clear evidence that systemic issues have directly informed many aspects of contagion – for example, how closely together people live, the type of employment one is/was engaged in, access to information and medical care (whose own unique relationship to each other has also become increasingly clear in recent months), and one’s racial and ethnic heritage have all become predictors of one’s likelihood of contracting, and spreading, the virus. While medical doctors have historically focused primarily on issues of contagion, social scientists have historically focused primarily on more systemic issues. The COVID-19 pandemic has highlighted the value of both areas of focus, as well as the need for a conversation between the two.

The direct deaths from the SARS-CoV-2 virus have already surpassed those of the number of people killed in a number of major recent wars and conflicts (I will refrain from listing specifics, as those sorts of death tolls are often highly controversial). The loss of so much life is not a thing that can, or should, be taken lightly. That said, the death toll from COVID-19 still pales in comparison to that of a number of other causes. For example, while the virus has already led to the death of more than 1 million people as of mid-October 2020, that is still far below the number of people who died of other diseases in 2019, including diarrheal diseases (roughly 1.4 million), tuberculosis (TB) (roughly 1.5 million), diabetes (roughly 1.6 million), and respiratory cancers (roughly 1.7 million). These are but a few of the arguably highly treatable conditions that not only cause the deaths of millions every year but, more to the argument at hand, millions more than COVID-19. Perhaps most egregiously, global hunger and starvation, issues sure to be exacerbated by current pandemic responses, kill an estimated more than 25,000 people

every day. In other words, more people die in a single month due to lack of food than died in the first eight months of the COVID-19 pandemic.

So why has COVID-19 caught the attention of the global community, and the lives of nearly everyone living in it, to such a greater degree than other leading killers whose death tolls are substantially higher? One reason certainly has to do with novelty. The virus is new – in fact, it is sometimes referred to as the “novel” coronavirus – and what is new tends to get more attention. Few would argue that if the virus should persist for many years to come (and many think that it will in some capacity), it would continue to receive the kind of unprecedented global attention that it has. Another factor is that it is dramatic. As the cases of 9/11, Hurricane Katrina, and the sinking of the Titanic highlight, sometimes it is not the death toll but the far-reaching social impact that matters most.

Some might also point to the fact that unlike many of the leading global killers, SARS-CoV-2 is also infecting the relative global elite – the types of people who worry about international jet travel, have no worry of starvation, and have access to medical care to mitigate the other (largely preventable) global infectious killers. For example, when I travel to places with a risk of malarial infection, I simply visit my travel clinic, get the appropriate preventative medicines, and jet off. It is not ironic that the same drug used to treat malaria was suddenly mass-produced to potentially treat COVID-19 (something now discouraged by all leading global medical authorities, even if still defended by the likes of United States president Donald Trump and Brazilian president Jair Bolsonaro). Why was this medicine not produced in 2019 when the year before there were more than 228 million cases of malaria and more than 400,000 deaths as a result of it? Why are millions of doses of this same medication now sitting in storage (for example, Brazil has more than 2 million doses, shipped to them by the USA, sitting in storage [Walsh et al. 2020]), yet hundreds of thousands will still die of malaria this year because they cannot get access to it? Is it because those who die of malaria are overwhelmingly poor and Brown? Is it something else? These are important questions to ask, and their answers could almost certainly lend credence to the arguments of many as to why COVID is getting more attention.

Another potential argument is that COVID-19 is serving as a perfect distraction while many of the world’s ultra-rich are getting ultra-richer (for example, Jeff Bezos, Elon Musk, and Mark Zuckerberg – three white men all living in the USA – increased their combined wealth by nearly \$200 billion during the first 9 months of the pandemic while the world’s billionaires saw their wealth increase by more than 25% during the same time), many of the world’s political elite are deflecting from controversies and passing personal agendas (for example, Viktor Orbán in Hungary and Narendra Modi in India), and many of the right-wing groups propping up many of the powers-that-be are seeing a resurgence in their rolls. The ensuing disruption (of the pandemic) to nearly all aspects of our lives has also given politicians newfound reasons to blame each other – nationalists touting anti-immigrant and regionalist arguments, a “reason they were right,” and employers a rationale for

thinning their work forces. COVID-19 has certainly been a “distraction,” and one from which many have clearly benefitted.

The aforementioned potential arguments aside, there are also very real, medically confirmed, scientifically valid reasons COVID-19 should be receiving such potentially disproportionate attention. For one, it is far more easily transmitted than are most infectious diseases, including the seasonal flu to which it is most often (erroneously) compared. It also has an unusually long incubation period and, more egregiously, can be spread by asymptomatic carriers. In fact, it is highly likely that the greatest spreaders of the virus are those who do not even realize that they are infected. COVID-19 has also a range of nasty side effects, many of which we are just beginning to understand, none of which we know the long-term effects of. It also has a higher fatality rate than the seasonal flu, so while far more people are infected with the flu each year (roughly 800 million), a much lower percentage of those infected will die because of it. Perhaps most pointedly, one reason COVID-19 is getting such attention is exactly that we know so very little about it. It is indeed “novel,” and the fear of the unknown is often the most powerful fear of all.

To connect the social arguments with the medical ones, one reason COVID-19 has been, and should be, receiving this kind of attention – and the fundamental rationale behind these volumes – is that its impacts extend far beyond the realm of the medical and the scientific (Ryan 2021b). The *SARS-CoV-2 virus* has led to the death of more than one million people and infected tens of millions more, but the *COVID-19 pandemic* has arguably done far worse comparative damage. The latter has also led to radical impacts on the economy, disruptions of global supply chains, including those of basic medical and essential supplies, the lockdown of billions, government expenditures in the multiple trillions, and attention diverted from addressing other social ills. In other words, while the virus is a negative force unto itself, the pandemic has become an amplifier of already existing social ills to a far greater degree than other viruses or pandemics have been in living human memory. With all due respect for the existing death toll, it is the latter that may be of the greatest social significance, especially for the future of a shared, increasingly interconnected humanity.

The good(?), the bad, and the unknowns of the COVID-19 pandemic

The good

It might seem odd to speak of the good coming out of such a widespread and deadly pandemic and yet there have been some positive effects. Most notably, the environment has been a clear (perhaps only?) winner since the pandemic began (see counter-arguments to this later). A worldwide reduction in travel by pollution-emitting forms has led to a dramatic decrease in air pollution levels in most parts of

the world. In China, for example, the world's most air polluted country, there was at least a 25% reduction in carbon emissions and at least a 50% reduction in nitrogen oxides emissions. One scientist predicted that just two months of such reductions led to a reduction of more than 77,000 premature deaths from air pollution in China alone (Burke 2020). Those numbers are undoubtedly much higher by the time of writing and when calculated on a global level. A Carbon Brief analysis further suggests, "the coronavirus crisis could trigger the largest ever annual fall in CO₂ emissions in 2020, more than during any previous economic crisis or period of war" (Evans 2020). On a purely aesthetic, yet telling, level, Mount Everest became visible from Kathmandu, Nepal, for the first time in living memory due to a drop in air pollution.

The other "good" aspects of the pandemic are much more personally based, biased, and questionable when taken from the perspective of the social good. For example, while millions lost their jobs, investors in a number of companies (e.g., Facebook, Amazon, Nintendo, Zoom) and industries (e.g., pharmaceuticals) saw their investments soar. Those supporting anti-immigration and anti-asylum policies have no doubt been pleased. And staunch supporters of particular political leaders have no doubt been happy to see them be able to enforce their policies at will without democratic checks and balances.

The bad

As Ryan (2021c, this volume) notes, the negative impacts of the virus have been more far-reaching than simply infection and death toll counts. As the COVID-19 pandemic continues to ravage the world, its people, and its economies, a number of long-standing inequalities are becoming even more pronounced (Nanda 2021). For a brief time, stock markets fell, and then they soared. Unemployment just soared. Billionaires lost spare change, and then made fortunes. Essential workers just lost life and livelihood. The global elite flew off to private islands or sheltered in place in summer homes. The global poor just crowded into hovels, if they even had a hovel to crowd into. The current pandemic is indeed impacting different populations unequally, with the greatest tolls being felt among the already underprivileged.

The number of indirect deaths from the pandemic is not one that has yet been calculated but will no doubt far outstrip the number of direct deaths as tolls are taken into account from multiple factors including increased starvation, lack of access to medication due to disruptions in supply chains, suicides, victims of domestic violence, future deaths from viral complications, and victims of related hate crimes, among others. Further, as individuals who lost income had to spend money intended for medications on items like food, overall inequality levels have widened/are widening, which is a well-known predictor of premature deaths, and as pharmaceutical industries have halted research and production on treatments of other diseases, deaths from those causes will also rise.

The death toll from these interruptions in research, treatment, and attention to other leading global killers as a result of the COVID-19 pandemic is expected to far exceed those of direct deaths from the SARS-CoV-2 virus. For example, a report by the Stop TB Partnership (2020), published in May 2020, estimated that cases of TB in 2020–2025 could increase by more than 600,000 for every month of lockdown and more than 400,000 for every month of restoration. This translates to excess deaths from TB during the same period of more than 125,000 for every month of lockdown and more than 80,000 for every month of restoration. The numbers are staggering. A projection from the WHO and UNAIDS (2020) has further projected that a six-month disruption of treatment of HIV/AIDS could result in an excess number of deaths from complications of that virus of between 471,000 and 673,000 in sub-Saharan Africa alone. They further projected that such a disruption could result in a more than a 100% increase in mother-to-child infections in Uganda alone. Moreover, a report from The Global Fund (2020) has estimated that if healthcare systems collapse or treatment and prevention services are interrupted, the death toll from HIV, TB, and malaria could double over the next year.

Governments around the world have spent many trillions of dollars on research and response related to the COVID-19 pandemic. The USA alone has spent more than \$2 trillion, most notably under the CARES Act. The European Union has also invested nearly \$1 trillion. All of this has been allotted within roughly six months of the outbreak of the pandemic. These numbers are worth comparing to the investment in other global diseases as a means of understanding the increased attention being paid to COVID-19 vis-à-vis other global killers. For example, between 2000 and 2015, only just over \$560 billion was spent on HIV/AIDS research combined, a number that has been declining since 2013 (IHME 2018). HIV/AIDS has already killed more than 33 million people. Global spending on malaria totaled just over \$4 billion in 2016, roughly 2/3 of the target set by the WHO (IHME 2019). Malaria kills between 1 and 3 million people each year. Global research on TB did not even reach \$1 billion in 2017, though it would only take \$2 billion a year to eliminate the disease by 2030 according to research (Makoni 2018). TB kills roughly 1.5 million people every year.

Another potentially under-recognized negative impact could be on the environment. Despite the positive environmental impacts outlined earlier, a number of other negative impacts have also come into play. For example, there are growing concerns about increased water pollution, especially as millions of single-use masks are being discarded, too often simply as litter. Laurent Lombard, director of the French NGO Operation Mer Propre, has warned, “soon we’ll run the risk of having more masks than jellyfish in the Mediterranean” (quoted in Kassam 2020). Other environmental hazards are also increasing, particularly as corporations and governments have begun using the virus as a reason to flout environmental law and concerns. For example, deforestation of the Brazilian Amazon increased by more than 50% in the first three months of 2020 compared

to just one year before (Simon and El Hammar Castano 2020). A study published in *Nature Climate Change* (Le Quere et al. 2020) further noted that any positive environmental changes gained under the current pandemic “are likely to be temporary as they do not reflect structural changes in the economic, transport or energy systems” (652).

Educational loss is another side effect of the pandemic. During April 2020, UNESCO reports indicated that more than 90% of the world’s students were under lockdown, impacting nearly 1.6 billion learners (UNESCO 2020). Some countries have also already taken longer-term measures that will impact education – for example, Kenya has already declared the school year lost in that country (France-Presse 2020) and Mexico’s educational system will be conducted through a home learning program broadcast on television through at least January 2021 (Esposito 2020). In fact, most countries are now considering either nationwide or localized moves to online education, a move that will further exacerbate educational inequalities between students on different sides of the digital divide. The closing of schools means much more than just a loss of education, however, and UNICEF and the World Food Programme (2020) have estimated that up to 370 million children will miss out on meals provided to them to at school.

The role of educators themselves has also been thrown into peril. A number of educational institutions have shuttered entire departments or have simply folded up entirely, others are experiencing severe financial distress, and others are surviving but doing so, in part, by slashing educator salaries while increasing educator workloads. It is also uncertain how the broad moves to online education will impact the future of educators and brick-and-mortar educational institutions, though few predict it will be in a good way.

The aforementioned examples are but just a sampling of the secondary negative impacts of the pandemic; there are, no doubt, many more. For example, there has been a notable increase in the unequalizing principles of neoliberalism, a rise in nationalism, and a resurgence of neoconservative ideologies (Ryan 2021a) and an increase in discrimination, especially hate crimes, targeted at individuals of Asian descent (Chiang 2021, this volume); several countries have taken advantage of the distraction to pass a number of anti-LGBT laws (Skinta, Sun, and Ryu 2021, this volume); companies have gone bankrupt, individuals have lost lives and livelihoods, and future debt burdens have increased across the board; millions more are likely to be pushed into homelessness; and a near-endless list of other factors. The bottom line is an understanding that while SARS-CoV-2 is ravaging the world, so are the impacts of the COVID-19 pandemic.

The unknowns

To speak of the unknowns of the pandemic is almost simply to speak of the pandemic itself. We don’t know exact infection or death toll counts. We don’t know the full extent of the long-term, or even really the short-term, damages wrought by

the virus itself. We are still figuring out the best treatment and prevention methods. In short, we still don't even know what we still don't even know.

One of the more looming unknowns at the moment is when a vaccine might be developed. As of mid-August 2020, there were more than 200 vaccines currently under some stage of clinical testing in countries around the world (including China, the United States, the UK, and Russia). Whether these trials will be successful is yet to be known. Further, there is already a debate emerging as to who will have access to the first batches of the vaccine (Chaturvedi 2020). Will it go to the world's most vulnerable? To citizens of the nation that first develops it? Or, as many predict, to those with the money and social connections to gain access to it? It seems unlikely that a child in the Brazilian Amazon or the poor neighborhoods of the US rural south will have a vaccine before Jeff Bezos, Donald Trump, or most professional athletes will.

Perhaps the unknown that is causing the greatest level of heightened stress among so many is the unknown of tomorrow. What will life be like in 2021? Or 2022? Or 2025? Will we ever go back to having close contact conversations with friends and family where we can actually see their mouths moving? Will international holidays again become possible for the few of us in the global elite with the means to afford them? Will entire populations be culled due to starvation, increased disease, and economic ruin? Will there be more, and potentially more serious, global pandemics in the future, especially as we continue to diminish our natural environment and slash our social welfare systems? These are important questions, and while no one can provide the important answers needed at this time, we can at least begin to consider what we have already learned in an effort to shape what we might know tomorrow.

Determining a global future

The SARS-CoV-2 virus and the COVID-19 pandemic are both calling for increased attention to a number of issues (including issues that are not yet receiving any attention). Alongside medical understandings, there are also calls to better understand the impacts on global, regional, state, and local communities; environmental impacts; social impacts; economic impacts; impacts on state-level and global-level inequality; and a variety of other medical and nonmedical factors. Even abstract academic theoretical understandings are receiving the call for revision under current conditions (see Duzgun 2021; Ritzer 2021; Schaffer 2021).

Mark Lowcock, UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, has called on the world's wealthiest countries to provide \$90 billion in relief to aid the world's poorest countries. He claims that amount will help to protect 700 million of the world's most vulnerable people (cited in Mai 2020). A lack of action to protect and assist the most vulnerable among us could lead to up to 12,000 *additional* people dying per day of hunger due to the COVID-19 pandemic (Oxfam 2020), a number that far outstrips the daily death tolls related to the actual SARS-CoV-2 virus. It could also push at least

another 100 million into extreme poverty (Mahler et al. 2020). All of this to say nothing of those pushed to greater levels of undue stress and suffering related to housing, education, health care, food security, and a host of other personal troubles and public issues.

Where the world goes now in terms of response to both the SARS-CoV-2 virus and the associated COVID-19 pandemic is still anybody's guess. Ramifications of existing inequalities and discrimination are being increasingly brought to attention, as well as exacerbated, by the current situation. That said, the alarm of such ramifications has also started to sound increasingly louder. Will enough people hear it? Will they hear it in time? Will the virus, or the associated pandemic, be what brings humanity together? Or what tears us further apart? Predictions cannot be made, but hopes can certainly be fostered. It is now up to us, as a global collective (whether we want to be or not), to decide where humanity goes from here.

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PART I

Institutional responses



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3

RETHINKING WHAT WE VALUE

Pandemic teaching and the art of letting go

Deborah J. Cohan

I clearly remember my first day of my Introductory Sociology class on January 13, 2020. I always devote some time during the first session to give students some background on who I am and how I got to be standing in front of them, and I am sure to leave time for questions with which I can start to provide answers that weave in sociological observations and ideas. That day, in front of almost 70 students, I moved a chair in front of a long seminar table, perched myself on the table with my feet on the seat of the chair, and proceeded to hunker down and talk story with them. I have long relied on this setup when I want to be more intimate with my students. This was a group of virtually all first-year students, and the crux of my message was to urge them to think about college as the transformative space it can be if they are open to it, to listen to the still small voice inside themselves, to follow the thread that binds their passions and dreams, and to never, ever give up. Motivated by the practice of yoga that I have been engaged in for some time, I asked my students to pause for a moment and to set an intention, not just for our class but also for the college experience and their futures, over and above earning the degree. My question was to start to get them to think about why we're here and what we want to really do with our time here. I hinted at the fact that the *here* to which I was referring was about much more than class, more than the college experience then, and actually much more about the *here* of this life. I always try to impart versions of that message when I teach, but that particular day I had another reason for wanting to encourage them to consider all of this.

I needed to help them understand why I had already planned to be away a number of days during the term though I am usually never absent, and while there is much I love about teaching, this semester my head and heart would also be somewhere else, and for good reason. I shared with them that for the better part of my life I dreamed of writing a book and that this thing I had been working to

make happen for years was finally set to be published on Valentine's Day, and that immediately after that I would be hitting the road to embark on a multi-city book tour. Many students clapped. And I breathed a sigh of relief. It felt liberating to not be so needed. We have all grown accustomed to ideals about availability and access, and I simply could not promise them the same thing I had in years past. What I was less aware of at that moment and am acutely aware of now is how true that would become, how all our promises and plans would look different, and how something good might even come from that, too.

When I had planned my syllabi early the month before, I was worried about having absences from classes and how to minimize the disruption of that for my students. Little did I know how truly upended our semester would become and how all my best-laid plans and contingency plans, of which I always have plenty, would also be out the window. I also had no idea how prophetic the title of my new book would be, *Welcome to Wherever We Are* (Cohan 2020), or how it would come to feel like a slogan for our times. When I wrote this sociological and feminist memoir, I had no idea the current world moment in which it would be launched and that the essential messages of the book might later inform how I would begin to reshape my pedagogy and rethink my life.

My book is about caregiving for my father, a man who was at once adoring and abusive. Central thematic issues anchor the various stories I share in the book, and as I see it now those issues are at the heart of things to consider when thinking about pedagogical shifts in higher education. These include (1) meditating on what we hold onto and what we let go of; (2) how almost nothing is all good or all bad and the narrative of our lives is always blended; (3) how we navigate a labyrinth of unpredictability and ambivalence, resist fragmentation, and make ourselves whole; (4) how we think about a sense of home and place and how we ground ourselves to feel creative and purposeful; and (5) breaking silences and puncturing secrets to reveal deeper truths and to nurture a sense of voice. The very themes that permeate the intimate stories in my memoir now reverberate and guide my thinking about pandemic teaching and learning. My hope is that this chapter provides readers, and those who are educators, with something liberating as we envision what is sacred about teaching in the most tender and vulnerable of moments.

Meditating on what we hold onto and what we let go of

College is a chance for pause and thoughtful reflection, yet that is so often not how it feels, even under normal circumstances. This is the time to do this, more than ever. The more this pedagogy ride keeps spinning, right alongside the relentless, panic-inducing blizzard of information and misinformation about the state of the world, the dizzier and more exhausted I feel. It's simply not the time to fixate on and fetishize methods or to add more content or more to the to-do lists. And things are bound to flop when methods drive and dictate content. A crisis should not prompt us to add more; it should encourage us to distill things to an essence

and to model for students how and what to prioritize. Keep busy, they say. Get still and centered, I believe.

In Parker Palmer's landmark book, *The Courage to Teach*, he writes, "The connections made by good teachers are held not in their methods but in their hearts – meaning heart in its ancient sense, the place where intellect and emotion and spirit and will converge in the human self" (Palmer 1998, 11). Doing this requires great compassion for students, for oneself as a teacher, and for the entire learning process. Right now, our hearts and bodies are trembling, and we need compassion for our students and ourselves more than ever.

In the flurry of posts and emails, it's as if the big, important questions have gone missing. So many faculty members are wholly preoccupied with the basics of how to set up an online class with Zoom features, how to narrate PowerPoint slides, what to wear to teach online in a synchronous format, how to condense information into a new format, what videos to choose, how to record lectures with other people at home for students with their own set of responsibilities, how to prevent students from cheating on online exams – the list is truly endless. And, students are emailing about advising and extra credit. It's understandable. When people are nervous, they fixate on the little they can control. This reminds me of when parents of college-bound students go into a buying frenzy before school starts. In all the frantic rushing around and back and forth trips to purchase and return at Bed, Bath & Beyond, Target, and Walmart, some crucial conversations about big life issues seem to go missing. The focus of the administrations is overwhelmingly on social engineering and orchestrating every move of every person, yet what have we learned to date from this pandemic? That we cannot control everything.

The question becomes, for what are we holding space and why? For example, I'm comfortable with abandoning a lot of course content now. So what if instead, students wait and learn some of the concepts in future classes with me? They need not master them in an emergency. As older adults, most of us are scared and uneasy. Making myself busy with technology and loads of assignments to grade and discussion boards to monitor, with far too many students, is not going to accomplish anything for anyone. Instead, my focus will be on easing my fears and those of my students and doing anything that assists our mental and physical health. This is a good lesson in boundary making, a lesson I was slow to learn with in-person teaching but that makes sense now given both the inherent limitations of the online environment and the pandemic.

I want this moment to be an opportunity for my students to pause and think about how they might be better and healthier selves, citizens, and leaders in the face of uncertainty, crisis, fear, and change. I want them to think about how and where they can be of the most service and how they can channel their energy to effect change. I will urge them to think about what they want to hold onto and what they could let go of, and I want them to think about how they want to be remembered. I want to encourage them to dream about how they can chart a course for and about hope, even and especially when it feels like there is none.

Aren't these the eternal questions of the human condition and lessons we want to impart on and off campus? It just might be that this current emergency prompts us to re-evaluate our real purpose in teaching.

Nothing is all good or all bad

I have long been critical of online teaching and learning for a variety of reasons.

Yet, in this current pandemic situation, I accept that online education is good enough. And good enough is actually okay. It is the safest, best option we have. I am willing to forgo all that I cherish most about in-person teaching so that I, and my students and colleagues, will be around long enough to do it again when it's possible. I will do the most good with what I have from where I sit now.

According to sociologist George Ritzer (2012), McDonaldization happens when the principles of the fast-food industry – efficiency, quantification, control, predictability, convenience, and speed – dominate more and more sectors of our lives. If you ever wondered what the McDonaldization of education looks like, here we are. Appealing to issues like ease, convenience, and money, universities have long drawn upon tenets of McDonaldization to market online programs. One university offering online programming says on its website:

Your well-deserved salary increase is attainable. The ability to better support your family is no longer out of reach . . . you can access your coursework from home or the office . . . or you can pick it up and take it with you to your son's soccer game, your hair appointment or the nearest Starbucks!

And corporations work to bolster this; multiple times a day, I am bombarded with emails from companies across the country trying to capitalize on the recent shift to online teaching and learning because of COVID-19. They are looking to sell their goods and services to educators at a needy and vulnerable moment.

It is profoundly revealing to see that, for years, many of the same higher education institutions that have been pushing the hardest for more students to go online to save or make money now want to insist on face-to-face education in the midst of a health and humanitarian crisis of epic proportions. In and of itself, this rich irony should cause us to question motives. It is nothing short of institutional gaslighting.

During a pandemic, faculty are being expected to rush it all out, fast and hot, and many feel pressured to supersize their content, all in the name of convenience and choice for students to have it their way, especially in the newly touted HyFlex model. I want to step back and ask, is this what we want to make and consume? Is this what will nourish and sustain us? Will this be good for our individual and collective bodies, minds, and hearts?

Education need not be easy and convenient. Even pre-pandemic, education was being sold as something to be as convenient as possible, which in turn has

dramatically reduced the credibility of higher education. But perhaps in prioritizing convenience above all, the thing that is most lost is the classroom as a last sacred space for where we can have and enjoy the promise and possibility of certain deep and risky conversations.

How we navigate a labyrinth of unpredictability, resist fragmentation, and make ourselves whole

What are we modeling for students when we engage in a frenzy about teaching methods and tools amid a global crisis that will have epic impacts on health care, economics, politics, and human rights? Instead, what might we *want* to model? What do we really think our students need and want right now? What do we as educators most need and want right now?

For me, my goal while teaching during a pandemic is this simple and this complex: to try my best to be kind to myself as I move in and out of fear. In fact, I even sent that as a message to all of my students via our online learning platform with an announcement that I would continue to provide more information as I learned more, that I planned to streamline and simplify as much as possible, and that I hoped we would share inspiration to help sustain each other during such a challenging time. By doing that, I was trying to convey to students the importance of early and direct communication, our shared humanity, my own sense of vulnerability, and the need for self-care.

Often, at the end of a semester or even years later, when students share with me what they really got out of my class, I hear time and time again how it transcended content and was about how I showed up for and with them in moments of great fear, grief, loss, sadness, and seismic shifts in their lives. It's about how I took them to their farthest edge, stood there with them bearing witness and paying attention, and didn't let them fall off. No amount of Zoom, Google, Moodle, or Blackboard will ever make *that* happen. Students often come to us wanting a degree. Yet when all is said and done, they suggest that they actually yearned for something else: a new lease on life, an alternative approach to how to craft a life worth living. And they look to us as their professors for how to do that. I can't imagine burying myself in all the technical minutiae and especially now.

Worldwide health is too precarious, the world feels too uncertain, and all that dis/ease feels frighteningly loud and overwhelming. I need and want what I instinctively believe my students need and want: reassuring leadership, humor, quiet and rest, joy and beauty, a departure from the mania, and a release to be still.

Motivated by an ethic and pedagogy of care, my message to students will continue to be one where I will tell them: You will learn something here, it may not be exactly what you would have learned had you taken my class in years past, it will be something else entirely, born of this moment in which we find ourselves. I'll have learning objectives and outcomes on the syllabus because it's required, but

for the most part, we will deviate from these. I cannot possibly determine these. I never could but I definitely cannot now. This will be a class shaped more by present moment awareness than one I have ever taught before. Guided by current context, temporality, mortality, spontaneity, I, as a lifelong learner, will inhabit this liminal and sacred space with you.

How we think about home and place and ground ourselves to feel creative and purposeful

A global pandemic can leave people feeling frighteningly isolated. Furthermore, in the United States, social unrest around systemic racism is another location of profound disconnection. Oppression itself is deeply dislocating and works by cutting people off from what they most care about and need. These deeply complicated and intersecting issues are further magnified by the fact that online education, as a method, has the tendency to feel more alienating for most educators and students alike.

One thing we can do to give online pandemic teaching a sense of rootedness and place is to really leverage our own discipline to teach about the pandemic. For example, in my own discipline of sociology, we might consider the sociology of the coronavirus, how private troubles are indeed public issues of the social structure, how existing social inequalities deepen the health crisis, and how the health crisis will create deeper social inequality. Or, we might look at topics like domestic violence and how lockdowns and isolation further complicate the experience of entrapment for victims of abuse. Or, we might explore issues of intimacy and dating, or marriage and divorce, to see how these phenomena are shaped and constrained by a pandemic. Students of art, English, theater, dance, and music might consider the creative work that has emerged in response to the rockiest periods in our history. Students in communications would benefit from exploring how to sensitively report on emerging issues from the pandemic like political polarization. Business and hospitality students might consider the role of pandemic crises on the tourism industry and the lingering effects on community building. Surely, every discipline could make some connections here. And at a time when the liberal arts have been dismantled or nearly gutted at many institutions, those of us in the liberal arts have to think about how to collectively and creatively organize to showcase our pivotal role at this time.

Now is also the time for faculty to engage in coalition building on and off campus and within their own states as well as their professional associations on the state, regional, national, and international level. By doing this, faculty can mobilize and strategize and also bring forth creative ideas for the good of the whole. With crisis comes opportunity and change, and faculty can pave the way toward thinking about new ways of constructing knowledge and structuring campus life. It is a time when people may be more open to hearing unusual

ideas. For example, I taught a brand-new course online for the university that I had never taught before, titled the Sociology of Food, during a three-week Maymester class; it compelled me to think much more seriously about the merits of a block plan where students take, and faculty teach, only one or two classes during a very condensed period of time. Given that life in a pandemic is stressful and distracting, faculty might have a greater chance of showing students the joy of learning when conditions are cultivated so there is more focused depth and immersion. We inhabit bureaucracies that we made, and we can demonstrate the creativity and ethical conviction to make necessary humane changes in them.

Breaking silences to reveal deeper truths and to nurture a sense of voice

It is important to consider both the emotional life of the classroom (in person or virtual) and our own emotional landscapes as educators in order to foster a more embodied and empathetic learning space. Given that students often disclose to professors about the traumas of racism, violence, and poverty, and since these issues are as explosive as ever at the time of this writing, it makes sense to consider trauma-informed perspectives for teaching.

While not all faculty members have been adequately trained to think about, teach about, and respond to trauma, colleges and universities would always be better off, pandemic or not, to demonstrate a better handle on trauma and should provide ways for faculty and staff to receive better training on this. For example, given the high rate of sexual assault on campus and the extent to which students come forth about issues related to all forms of sexual and dating violence, a comprehensive and coordinated trauma-centered response on campus would always prove helpful. Now, amidst a pandemic, people are experiencing so much loss as well as anxiety and fear around illness and death, grave concerns about their ability to make a living, and the impact on their own mental health, and a trauma-informed perspective in the classroom adds necessary nuance, depth, and meaning. It also functions in a way to help break silences and nurture a sense of voice. As educators, we need to give ourselves permission to create some spaciousness for our students and for ourselves and to hold space for the complexity of emotion so we don't burn out.

The most effective, meaningful, and memorable teaching and learning is about removing the metaphorical masks, rolling up our sleeves and getting our hands dirty, getting up close and personal, being embodied and coming to a place where we don't fear the stranger in our midst. What makes teaching the most magical is the act of tender, curious, and open surrender —by both the teacher and the student. The art of letting go is a worthy pursuit at any time and certainly amidst a pandemic. It's from the chaos, the mess, and the community we cultivate that order, answers, and hope show up.

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4

DISRUPTION AND DIFFICULTY

Student and faculty perceptions of the transition to online instruction in the COVID-19 pandemic

*Lee Millar Bidwell, Scott T. Grether,
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As a result of the increasing spread of COVID-19 in March 2020, college administrators at residential campuses in the United States made decisions that significantly affected students and faculty. In most cases, including the one discussed in this chapter, university presidents and administrators developed strategies for rapidly closing campus and implementing remote teaching based upon changing guidelines from federal and state health agencies and gubernatorial mandates. Understandably, these decisions were made swiftly due to an evolving health crisis. However, faculty and students typically did not have formal input in these decisions, nor is there evidence that officials at most universities relied upon preexisting continuity of operations plans to guide the process.

Faculty and students were suddenly thrust into a new teaching and learning environment that was unplanned and involuntary. Unlike traditional online courses, the type of instruction delivered during the response to the COVID-19 campus closures is best described as “emergency remote teaching” (ERT), which is “a temporary shift of instructional delivery to an alternate delivery mode due to crisis circumstances” (Hodges et al. 2020, under “Emergency Remote Teaching”). The goal of ERT is not to replicate existing educational delivery methods but “to provide temporary access to instruction and instructional supports in a manner that is quick to set up and is reliably available during an emergency or crisis” (under “Emergency Remote Teaching”). The shift to ERT as a result of the pandemic required faculty to decide how to meet students’ educational needs while quickly moving to an online teaching format. For students, the implementation of ERT entailed simultaneously moving out of campus housing, adjusting to a variety of online instructional technologies and changes to course syllabi, and managing the effects of an evolving worldwide health crisis to their personal life (e.g., health, high-risk family member, finances, job security).

During times of ERT, it is important to consider how each individual's status within a college or university shapes how they experience the crisis. Generally, colleges and universities are often described as a homogenous entity, an environment with a set of "common, mutually perceived set of conditions that influence the members of the academic community" (Hartnett and Centra 1974, 161). Faculty, students, and administrators (and other stakeholders such as staff), however, experience the institution differently because of the varying levels of power, status, and roles associated with their positions. To better understand what happens on college campuses and universities in times of ERT, the experience of the educational environment should be examined "as seen through the eyes of the student (or faculty member . . .)" (161). The research reported in this chapter examines how the status of faculty and students within a university's organizational structure shaped their perceptions and experiences in the wake of the administration's decision to implement ERT in response to COVID-19.

Background

Colleges and universities are organizations comprised of individuals who have different status positions and roles. Sociologists use the concepts of status and roles to understand how social interaction operates within a society. Status is often defined as the social position a person holds, while roles are behaviors expected from people with a particular status (Macionis 2017). For example, Falchikov (1986) applied these concepts to university classrooms by arguing that students hold less power than faculty because faculty design course syllabi, assign work, and evaluate student performance. Traditionally, those with the status of faculty have the role of the authority figure inside the classroom, giving them the power to decide how to structure interactions and outcomes for their courses (Hirschy and Wilson 2002).

Despite their elevated status within the classroom, faculty members do not hold the highest status within a university. Research from organizational sociology indicates that middle-status actors, like faculty within the context of a university, cannot make decisions without considering their high- and low-status counterparts. High-status actors, such as administrators at a university, have legitimacy assured through their achieved status and have more power to make decisions (Sanford, Blum, and Smith 2021, this volume). The benefits of being high-status within an organization include a sense of security, increased confidence, greater means to control impressions, more visibility, higher compensation, and increased access to resources (Sauder, Lynn, and Podolny 2012). Low-status actors, students in this example, have little to lose by violating norms. Whereas both high- and low-status actors at the university experience some benefits based on their status, "Middle-status actors [faculty] must conform to expectations in order to avoid risking their standing" (Sauder, Lynn, and Podolny 2012, 271).

In times of crisis, people use the roles associated with their status to prioritize actions. “When under time constraints, layering on top of, or copying from, existing or past institutional arrangements is considered as an effective strategy to come up with solutions” (Saurugger 2016, 74). In the case of COVID-19 in the university setting, faculty controlled their course material and how it was transitioned online within the parameters of institutional policies and resources while trying to estimate student expectations. Students, however, did not have the same power to control their experience.

Data and methods

Data were collected at a traditional residential regional state university in spring 2020 through four separate surveys administered at two times. On March 13, the university president announced classes would be offered online for a two-week period while COVID-19 information developed; nine days later the administration declared that classes would remain online for the remainder of the semester. The first set of surveys, one sent to students and another to faculty, was distributed on March 20 (the day after they were notified that in-person classes would not resume), to capture their perceptions and experiences in the initial transition to online instruction. Five weeks later (the last Friday of classes, April 25), a second set of surveys, one to students and one to faculty, was sent to measure respondents’ perceptions and experiences at the end of the semester with the administrative decision to close the campus in response to the pandemic. In summary, middle- and low-status actors were surveyed at two different time points. Staff, middle-status actors, and administration, high-status actors, were not surveyed because of time and resource limitations.

Using open- and closed-ended questions, the online surveys of students asked about a variety of issues, including what they found most and least difficult about ERT, whether they agreed with the administration’s decision to close campus, the type of online instruction they preferred, how online instruction would affect their learning, and their overall concerns about the pandemic. Online surveys of faculty asked open- and closed-ended questions about their perceptions of ERT, changes they made to their courses and why, how online instruction would affect student learning, and their perceptions of what they believed students would find most and least difficult with the sudden change to ERT.

The student surveys were sent to all faculty teaching classes in sociology, anthropology, criminal justice studies, mathematics, computer science, mathematics education, and music. Faculty teaching these classes were asked to email the survey to their current students (undergraduate only). Departments were chosen using a convenience sample that resulted in students from a variety of disciplines being surveyed. The two student surveys yielded 310 and 87 responses, respectively. We were unable to measure how many students actually received either survey. Differences in the response rate between Time 1 and

Time 2 for the student surveys may be due to fewer faculty sending the survey to students during the last week of class, fewer students checking email regularly at the end of the semester, or students having less time to complete the survey due to new schedules influenced by academic- or pandemic-related issues. A list of 130 faculty was generated by the researchers using convenience sampling. These faculty were sent an email asking for their opinions five weeks apart, yielding 60 responses (46.1%) in Time 1 and 54 responses (41.5%) in Time 2.

Close-ended survey questions were analyzed using descriptive statistics. Faculty and student responses were compared at the Time 1 and Time 2 surveys. The demographic composition of the sample is shown in Table 4.1. Open-ended responses were analyzed utilizing an open-coded approach (Charmaz 2006; Esterberg 2002), whereby codes were created to capture the statements or themes reflected in respondents' writing. After all responses were analyzed, the authors met to discuss which codes appeared frequently in student and faculty responses, which codes overlapped, and which were unique to students and faculty. Of students who

TABLE 4.1 Descriptive Statistics of Sample (Time 1 and Time 2)

	<i>Faculty</i>		<i>Students</i>	
	<i>Time 1</i>	<i>Time 2</i>	<i>Time 1</i>	<i>Time 2</i>
Gender				
Female	55.9%	47.1%	76.9%	83.9%
Male	30.5%	33.3%	21.8%	14.9%
Prefer not to answer/Other	13.6%	19.6%	1.2%	1.1%
Race				
White/Caucasian	78.0%	76.5%	84.1%	79.3%
Black/African American	1.7%	2.0%	12.0%	13.8%
Latino/Latina	1.7%	0.0%	3.6%	3.4%
Asian/Asian American	0.0%	0.0%	1.3%	2.3%
Prefer not to answer/Other	18.6%	21.6%	2.9%	4.6%
Teaching Status (Faculty only)				
Tenured	76.7%	66.7%		
Tenure Track	20.0%	25.5%		
Non-Tenure Track	3.3%	7.8%		
Online Teaching				
No experience	28.3%	35.8%		
1–5 classes previously	36.7%	26.4%		
More than 5 classes	35.0%	37.8%		
Class Status (Students only)				
First-year			23.9%	26.4%
Sophomore			25.6%	23.0%
Junior			33.3%	34.5%
Senior			17.2%	16.1%
N	60	54	310	87

Note: Respondents were asked to “check all that apply” for race, resulting in a total percent > 100.0%.

completed each survey, 84.5% of students answered at least one open-ended question in Time 1, and 73.5% answered an open-ended question in Time 2. Of faculty who completed the survey, 95% in Time 1 and 96% in Time 2 answered at least one open-ended question.

Findings

The data suggest that students and faculty shared three major concerns about the shift to ERT – balancing work, school, and family obligations; changes to course material; and learning less during ERT. Although students and faculty agreed that moving classes online was “necessary” and “unavoidable” and described the shift to ERT using similar words, such as “difficult,” “overwhelmed,” “stressed,” “unhappy,” and “worried,” the source of their concerns differed depending upon the respondents’ responsibilities and degree of authority within the institution. The perceptions and experiences of students and faculty to ERT were shaped by and reflect their status and roles in the university. Students, who are low-status actors, had no control over the decisions made regarding campus policies or changes to course material. Within a very short period of time, students had to move out of campus housing – most of them returning to their homes – where many assumed more family and job responsibilities. At the same time, their courses were being redesigned in various ways by multiple professors. Faculty members, as middle-status actors, on the other hand, were suddenly responsible for changing their mode of instruction without compromising the integrity of their courses, while trying to be sensitive to students’ needs.

Balancing work, school, and family obligations

Quantitative and qualitative data indicate that students were extremely concerned about balancing work, school, and family obligations.¹ Although faculty acknowledged these student responsibilities, they underestimated the degree to which students were concerned about adequately meeting these demands.

Figure 4.1 shows what students were most concerned about moving to ERT and what faculty believed were students’ greatest concerns. Students were most concerned about balancing work, school, and family obligations in both Time 1 (39.3%) and Time 2 (52.8%). Only a quarter of faculty respondents at Time 1 thought students would be most concerned about balancing work, school, and family obligations, whereas at Time 2 most faculty (57.4%) estimated this would be student’s biggest concern moving to ERT. Overall, students were consistent with what they chose as their highest level of concern between Time 1 and Time 2. Faculty, however, were not good at identifying what students were most concerned about. Between Time 1 and Time 2, the percent of faculty who selected “Balancing work/school/family” noticeably changed, as did several of their other responses as noted in Figure 4.1, but not always in a way that reflected student

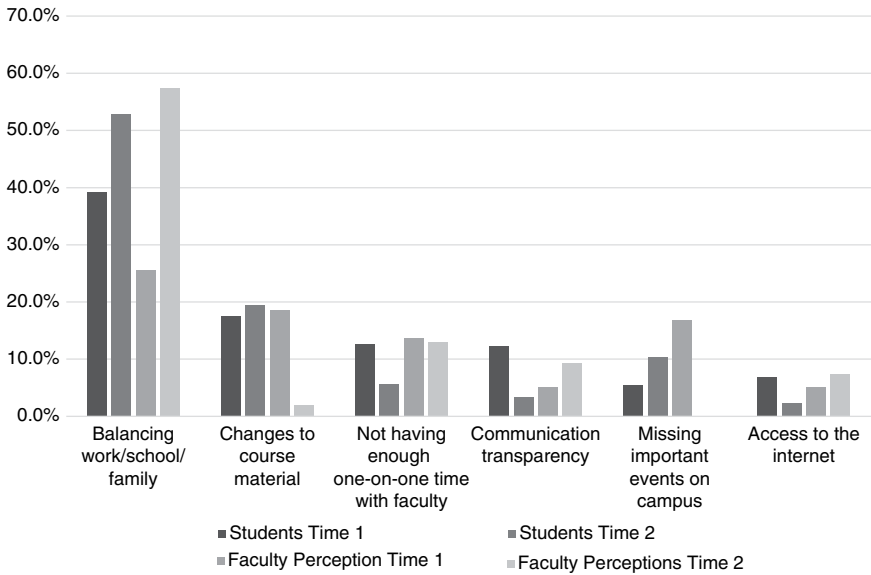


FIGURE 4.1 Highest Level of Concern Moving to Emergency Remote Teaching (ERT)

attitudes. The qualitative responses suggest status positions in the university shaped how students and faculty perceived concerns about balancing work, school, and family obligations.

Student experiences

Part of what students experienced during the transition to online learning was having to strike an immediate and intricate balance between completing assigned schoolwork, keeping abreast of frequent announcements and policy changes from the university and faculty, ensuring their loved ones were cared for, and working for pay. Because students occupy a lower-status position within a university setting, they are often the ones who bear the brunt of decision-making from those immediately above them in the university setting (faculty) and those at the top (administration). For example:

I'm literally super stressed out about this, plus I'm having to work while I am at home to pay my parents [sic] rent. It's just to [sic] much, why can't we just end the semester now and give us the grade we have in the class now.

(Time 1, Student 025)

It is pretty overwhelming and is an unexpected lifestyle and routine change that most students will have to embrace. A lifestyle living at home and away on campus are different in regards to how we get our studies done. Living at home and balancing academics with family and employment affairs is excessive.

(Time 1, Student 236)

Moving classes online created additional burdens for students that faculty members and administration, perhaps, did not fully appreciate. As these examples demonstrate, living *at home*, attending online classes *at home*, and completing homework *at home* coalesced to create feelings of stress and exasperation. Additionally, as the aforementioned responses illustrate, some students also had to work during this time period, which, in some cases, was essential for the financial stability of their families. Although the number of students in the sample who were employed is not known, having financial obligations was a substantial source of anxiety and stress for some students.

Indeed, finding a balance between school, work, and home was still a concern for students in the Time 2 survey. Students continued to express that the experience of ERT was challenging partly because they had other responsibilities that were just as important to them as their schoolwork, as indicated by the following:

I missed a lot of lectures because I needed to find a job to make sure I could pay off my student loans and my rent for my housing.

(Time 2, Student 066)

Most teachers did communicate very well and were flexible but also added way more work once we switched to online which made it incredibly difficult to manage when it wasn't expected. Being at home w[ith] other people who don't understand and having a job, the amount of brand new work assigned made things very difficult.

(Time 2, Student 085)

Many students experienced not only an increase to their coursework (Student 085), but also increased uncertainty with how the pandemic would affect their financial well-being (Student 066) and home life (Student 085).

Faculty experiences

Although faculty did not fully perceive the magnitude of students' concerns about balancing work, school, and family, they were sensitive to these issues. Faculty reported making choices about whether to deliver course material synchronously, asynchronously, or in combination to accommodate students' family and work obligations, as evidenced in these statements:

I believe students have to balance their situations at home (younger siblings they may be taking care of, jobs, etc.) that is not amenable to synchronous learning right now.

(Time 1, Faculty 026)

Several of my students have stated that they have family obligations (such as looking after younger siblings and/or grandparents). I like to give them the time they need to manage their time to their needs. They may not be able to meet with me at 10am as they would on campus (due to internet or family)

so I give them an assignment and a due date and trust them to get it done as their other classes/family/internet allow.

(Time 1, Faculty 051)

Although students did not recognize it, faculty made choices about how to best deliver ERT based on their perceptions of students' needs. Perhaps faculty were not aware of the magnitude of stress students were experiencing suddenly balancing multiple responsibilities and adjusting to significant changes in living and learning circumstances, but they did reshape their courses with students' needs in mind.

Concerns over changes to course material

Students consistently reported that changes to course material caused by COVID-19 was one of their greatest concerns. At Time 1, 17.5% of students reported this was their top concern and 19.5% of students listed course changes as their top concern in Time 2. When classes initially shifted to online format, faculty recognized changes in course material were likely one of students' primary concerns, with 18.6% of faculty selecting this as students' top concern in Time 1. However, only 1.9% of faculty felt that changes to course material would be students' top concern in the Time 2 survey. This noticeable disconnect between students' concern and faculty members' perception of students' concern over changes to course material can be explained several ways. First, the Time 2 survey was distributed on the last Friday of the semester; faculty may have believed that concerns about changes to course material would not be paramount since the class was almost over and students likely had adapted to syllabi revisions. Second, as is evidenced by qualitative responses, faculty perceived that changes they made to courses accommodated students' circumstances and were based on careful assessment of pedagogical priorities and, therefore, should no longer be a significant concern for students.

Student experiences

At Time 1, many students expressed concerns about how their instructors were adjusting the workload for their classes. It seems that many emotions students expressed in their open-ended responses (e.g., stressed, nervous, confused, drained, miserable, overwhelmed) were linked to how their instructors were designing their ERT. For instance:

It's been an emotional roller coaster. I feel like my professors have not given me and other students time to mentally process what's going on. I feel like it was for the best given the situation, but some of my professors could have handled this better. They were more worried about shoving content down our throats versus checking in with us to see if we were okay.

(Time 1, Student 290)

Many students, like Student 290, expressed frustration with a perceived increase to the amount of work being assigned in the shift to ERT.

Even as the semester progressed, students remained steadfast in critiquing the adjustments that instructors made to their courses. Open-ended responses from the Time 2 survey continued to demonstrate that students experienced ERT as being fraught with negative emotions stemming from the heavy workload in their classes. For instance:

I most likely would've been okay managing one or two classes online, but it was overwhelming. We were in the middle of the semester and a lot of professors are assigning extra activities, sending too many emails at once, and for me it made the process harder.

(Time 2, Student 011)

Student 011 captures the sentiment of other students in feeling “overwhelmed” as “extra activities” were assigned in “the middle of the semester” and instructors were “sending too many emails at once.” Student 026 believed that the move to ERT led “Professors [to] assign a lot more papers and ‘busy work’ that they wouldn’t normally assign” (Time 2). Reflecting at the end of the semester, Student 014 sums up the experience this way: “It was stressful especially when considering everything else that is happening in the world right now. Ultimately it has worked out but it was tricky managing class loads and work for five different classes.”

When considered collectively, the quotes in this section demonstrated that while students accepted the move to ERT, they perceived that more coursework was added during ERT. The academic workload was an ongoing source of frustration and anxiety for students, especially because they were simultaneously managing other affairs at the university – tuition refunds, moving out of on-campus housing, registering for future classes, securing course materials for remote learning, navigating academic policy changes, and determining whether they wanted to return for the fall term – while at home. In this sense, concerns about changes to course material were intricately linked to student concerns about how to balance school, work, and family during an ongoing pandemic.

Faculty experiences

Like students, faculty had no choice in moving to ERT. The emotions created by the sudden transition – feeling “overwhelmed,” “frustrated,” and “stressed” – described by faculty echoed students’ sentiments. Faculty respondent 014 in Time 1 said, “I am just short of all out panic, all day, every day.” However, unlike students whose feelings were in response to decisions made by others, faculty emotions were related to their status position as middle-status actors within the university setting. One role of occupying a faculty status was the difficult responsibility of

redesigning a formerly in-person class to an online format in just days. As Faculty 019 explained, the shift to emergency remote teaching was “Obviously [a] tough transition in a matter of days and in the middle of the semester with no intention of doing so at the beginning of the semester” (Time 1).

When asked in the first survey to describe the online course delivery methods they were using and why, faculty indicated that the adaptations they made to their classes were designed to maintain the integrity and continuity of the course. Faculty emphasized the importance of fulfilling course objectives and preserving content with as little disruption for students as possible, as these statements suggest:

This semester I am using synchronous delivery via Zoom because this is the easiest and most seamless [sic] transition in my opinion. We were already doing this, so I felt it best to continue along these lines. This also results in the least disruption to the course schedule. Had we started online, then I would have chosen asynchronous.

(Faculty 019)

[I’m using] synchronous for the upper-level seminar (because it lets us continue very fruitful classtime discussions and even hold onto a slight sense of normalcy).

(Faculty 035)

Faculty described tailoring the modifications to course material for the online format based on a myriad of pedagogical considerations, including the discipline, the size of the class, whether the course was for majors or non-majors, entry level or upper level, undergraduate or graduate, and lecture based or experiential based. The following statement illustrates the nuanced factors faculty considered when modifying their courses for ERT:

I’m using asynchronous and synchronous for my upper division class because I don’t want to expect students to be available for every single class with their other obligations and lack of access to internet. But I do think a few synchronous classes are necessary for a more in-depth discussion of the readings. For my lower division [core] classes, I’ve only used the Discussion Board for posting and they turn in previous assigned assignments.

(Faculty 060)

Faculty teaching classes with laboratory, clinicals, simulations, private lessons, performances, or studio time described the difficulty of translating those course components into a virtual experience. Faculty teaching in disciplines that rely more on lecture and discussion often expressed empathy for their colleagues in disciplines that were harder to move online.

I was jealous of my colleagues who had taught similar courses online already, since they already had massive infrastructure in place, and I had to build mine, but at least I was not teaching labs, rehearsals, or anything that cannot be simulated almost 100% through text alone.

(Faculty 001)

Given their status as instructors, the priority of faculty was to deliver the highest quality course to students under the circumstances. Faculty were resourceful in quickly moving classes online and preserving the bulk of course content using a host of technologies including Canvas, FaceTime, Google Slides, Panopto, online polling, publisher-provided products, Skype, Slack, Camtasia, WebEx, and Zoom. Depending on the course, faculty delivered the content either synchronously, asynchronously, or a combination of the two. Decisions about changes to course material were designed to maintain the integrity of the course. However, the fact that faculty were using a variety of course technologies and course delivery methods had the unintended effect of increasing students' perceived workload.

Learning less during emergency remote teaching

One area where student and faculty perceptions were most aligned was in belief that learning was compromised by the sudden shift to online instruction. Students and faculty were asked what they expected students to learn during ERT compared to the same portion of the semester if courses had not been moved online. Faculty and students agreed that students learned less during ERT compared to the intended face-to-face format (See Table 4.2). Specifically, 67.8% of students felt they had learned less in ERT than they would have if classes had continued to be held in person, and the majority (59.3%) of faculty agreed. These results are consistent with other studies that show students (Tichavsky et al. 2015) and faculty (Wingo, Ivankova, and Moss 2017) believe learning in traditional online classes (i.e., not ones created during ERT) is inferior to face-to-face courses.

TABLE 4.2 Perceptions of Learning During the Online Portion of the Semester

	<i>Students</i>	<i>Faculty</i>
Learn more	1.1%	0.0%
Learn the same amount	19.5%	11.1%
Learn less	67.9%	59.3%
Unsure	11.5%	29.6%
N	100%	100%

Note: Responses from Time 2, end of semester survey.

Student experiences

Students expressed a range of difficulties at Time 1 associated with online instruction, including changes to the learning environment, a loss of motivation, incompatibility with their learning style, having to “teach myself,” and being overwhelmed with the amount of work associated with taking a full course load entirely online. Chief among the perceived difficulties associated with online instruction was that they would learn less than in the classroom. For instance:

It [ERT] has left me unprepared, decreased my amount of learning, and struggling to keep up with assignments while balancing work and family needs.

(Time 1, Student 015)

I feel my learning will suffer because I am not the kind of person that learns well in online classes. I need the routine and structure of in person classes to have motivation and success.

(Time 1, Student 013)

As these quotes illustrate, students perceived they would learn less online due to a combination of factors including time demands, personal learning style, decreased motivation, and lack of classroom structure.

At the end of the semester, students also emphasized in open-ended responses that they were learning less from ERT than from the face-to-face version. For instance:

I honestly think that this was a waste of money. I didn't pay for online classes. I am doing work without even learning any material, honestly. It was possibly the worse [sic] thing that could ever happen.

(Time 2, Student 058)

I understand why it was necessary because health must come first always, but I am barely learning anything and I'm miserable on all fronts. I hate the online format and I hate how sudden it happened.

(Time 2, Student 070)

These statements reflect the frustration, regret, and anger many students felt at the end of the semester. While not a prevalent theme in responses, some believed that despite doing the assigned work they were still not learning “any material.” Most students realized the pressing health concerns of the coronavirus and accepted the decision of the university to move classes online, but they generally agreed with the sentiments expressed by Student 070 that they were “barely learning anything” and that the experience of ERT made them “miserable on all fronts.”

Faculty experiences

Despite the thoughtful ways faculty approached course changes and the many strategies utilized to deliver content, the majority still believed that students learned less in the online environment. In their open-ended comments in both surveys, faculty consistently expressed concern that ERT was not as effective, rich, engaging, or desirable as face-to-face instruction. Faculty remarked that they missed “seeing the students and being able to talk directly to them” (Time 1, Faculty 020) and that because material had to be cut or compressed in the shift to ERT, students literally learned less content. Some respondents worried about the “effect down the road for courses that build on one another, [e]specially in Math, Science, and Languages” (Time 2, Faculty 018).

Given that they chose to work at a residential university that prides itself on teaching excellence in small, in-person classrooms, it is not surprising that many faculty respondents were critical of online instruction in general, as the following statements illustrate:

[T]here should be no misunderstanding that an online-only education is a sub-par method to create well educated citizen leaders as defined by the campus mission.

(Time 1, Faculty 040)

Online instruction simply isn’t as effective or interactive as in-person instruction no matter how good your technology is – especially for technical fields like mine where subtle differences in notation, intonation, and meaning are critical to understanding. Teaching online well requires massive amounts of preparation – none of which we had enough warning to do – and is far more work than teaching in person.

(Time 2, Faculty 023)

However, many faculty respondents made a distinction between the instruction being delivered as a result of the pandemic and teaching online courses in general. These faculty, it seems, recognized that they were not offering a true online course, but rather ERT.

Please remember these are not really online classes or they would have been ready before we started.

(Time 1, F014)

[V]iewing the process as “disaster relief” rather than proper “online teaching” has helped a lot to not worry about the things that aren’t quite right because they would need a lot more planning.

(Time 1, Faculty 032)

Regardless of their concerns regarding online courses, faculty and students agreed that learning suffered from the remote instruction offered in response to the pandemic.

Conclusion and discussion

This study analyzed how students and faculty at a small, southeastern, public university perceived and experienced ERT during the COVID-19 pandemic. Across four surveys, students and faculty shared three major concerns about the shift to ERT: balancing work, school, and family obligations, changes to course material, and learning less. However, perceptions and experiences of students and faculty to ERT were shaped by and reflect their status and roles in the university. Although this study used a convenience sample and individual responses from Time 1 to Time 2 could not be tracked, three important lessons emerge from the findings.

First, universities should develop or revise policies and procedures in their continuity of operations plan (COOP) based on input from low-, middle-, and high-status actors across the campus using lessons learned during the COVID-19 pandemic experience. Currently, many universities are required to have an annually revised COOP to ensure education continues during disruptions. Inviting middle-status (faculty and staff) and low-status (students) actors into the process of developing or revising crisis response plans would provide a more comprehensive view of how proposed policy changes potentially affect the lives of the people who work and go to school at the institution.

Second, greater guidance for instructional delivery during a crisis must be created by and provided to faculty. The findings of this study indicate that faculty did not receive specific instruction on how best to finish classes during the crisis, increasing their stress and workload and making the process more disruptive and chaotic for students. Despite faculty members' best intentions, collectively, course changes created more perceived barriers for students to excel, additional work they had to manage during a global pandemic, and elicited negative emotions. Given their organizational status, faculty members have a fair amount of discretion to teach classes the way they deem most appropriate, making it difficult to craft policies and procedures that can be applied to all courses. At the very least, however, faculty governance systems can develop basic guidelines and expectations for instructional delivery during times of crisis.

Third, when a crisis necessitates significant changes to course delivery, transparent communication from faculty to students is essential (see Cohan 2021, this volume). Data from this study indicate that students were largely unaware of the reasons why faculty made changes to course material; students simply perceived course changes as more work and highly frustrating and overwhelming. Furthermore, although faculty attempted to accommodate students' needs in restructuring courses, they were not fully aware of what students were experiencing. In future crisis situations, faculty should inquire about immediate and long-term challenges

facing their students before modifying their courses. Faculty should then clearly explain to their students how and why they are redesigning assignments, which might help students understand, and perhaps adjust to, course changes.

The COVID-19 pandemic is arguably one of the most disruptive crises of the century. Information gleaned from institutional responses to the disease are invaluable in creating policies and practices that can facilitate more seamless, less disruptive adaptations to future crises.

Note

- 1 See Smith, Sanford, and Blum (2021) for discussion of how student work obligations during ERT exposed hidden inequities.

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5

SEEKING STABILITY IN UNSTABLE TIMES

COVID-19 and the bureaucratic mindset

Adam G. Sanford, Dinur Blum, and Stacy L. Smith

Introduction

In the spring of 2020, the academic world was shaken to its foundations by the rapid changes demanded by the appearance of COVID-19. Historically, higher education has changed slowly and incrementally, usually due to external pressure such as new laws or regulations. Higher education's institutions are structured as bureaucracies, and the known inability of bureaucracies to make rapid change (Asatryan, Heinemann, and Pitlik 2016), we argue, is in many cases exacerbated by the culture and mindset bureaucracies create for the actors that work within them – what we here call *bureaucraticity*. We will show that this culture and mindset rest on the idea that bureaucracy creates safety, predictability, and stability and should be protected and preserved. *Bureaucraticity*, or the culture of the bureaucratic mindset, created many additional roadblocks to the quick pivot needed before COVID-19 became a pandemic.

In this chapter, we introduce the concepts of *bureaucraticity*, *process-oriented* and *outcome-oriented bureaucratic actors*, *decisions through habitus*, *decisions through praxis*, and *stubborn stability*. These concepts, when combined with Weber's theories of bureaucracy, Durkheim's social facts and anomie, Lenski's theories of environmental influences on culture, and Garfinkel's breaching experiments, explain how and why many university systems have been unable to effectively adapt to the rapid changes required by the COVID-19 international pandemic. We start by outlining the ideas of bureaucracy and bureaucraticity, and then discuss what we know about university bureaucracies and their characteristics. After that, we move to a discussion of how bureaucraticity impedes the ability of educational institutions to rapidly adapt to novel situations and sudden change, using the specific example of the COVID-19 pandemic. We conclude by identifying several hurdles that must be overcome

if we are to reform academic bureaucracies into flexible systems that can respond, rather than react, to unavoidable and rapid change.

Bureaucracy and bureaucraticity

To understand bureaucraticity, we should start by defining bureaucracy in more detail. For this we turn to Weber's definition: A bureaucracy is an organizational structure with "a clearly established system of super- and subordination in which there is a supervision of the lower offices by the higher ones" (Weber 1978, 957). In other words, there is a chain of command, where people higher up the chain supervise and direct the people who are below them on the chain. Weber identifies several defining characteristics of bureaucracy, as follows:

The principle of official jurisdictional areas, which are generally ordered by rules . . . this means 1) The regular activities required for the purposes of bureaucratically governed structure are assigned as official duties; 2) The authority to give the commands required for the discharge of these duties is distributed in a stable way and is strictly delimited by rules concerning the coercive means . . . which may be placed at the disposal of officials; 3) Methodical provision is made for the regular and continuous fulfillment of these duties and for the exercise of the corresponding rights; only persons who qualify under general rules are employed.

(Weber 1978, 956)

A bureaucracy, therefore, is composed of bureaucratic actors who have the expertise and authority to make decisions in certain defined areas. Under normal conditions, these people hold specific positions associated with specific tasks, rules, and decisions. Bureaucracy's mission is to provide and maintain stability and avoid change unless absolutely necessary. Slow, incremental change over a long period of time is how a bureaucracy functions best. As a result, it often has difficulty dealing with sudden changes demanded or imposed by external conditions, since those changes and conditions may not have defined certifications – that is, there is no bureaucratic position titled "Rapid Change Officer."

Examining these foundational elements of bureaucracy – supervision of lower offices by higher ones, regular activities assigned as official duties, stable distribution and rules concerning authority to command these duties, and the employment of qualified people only – provides an overview of what bureaucracy looks like and how it operates. In the bureaucracies of higher education, administration supervises faculty and staff, while senior faculty supervise junior faculty and senior staff supervise junior staff; regular activities such as teaching, research, and resource management are assigned as official duties; authority is defined by rules and agreements among divisions and departments; and only people with credentials that qualify for these positions achieve and retain employment.

The rules and agreements, expected credentials, and ways in which supervision and power flow up and down the bureaucratic hierarchy are what Durkheim called “social facts” – “ways of acting, thinking and feeling, external to the individual, and endowed with the power of coercion, by reason of which they control him” (Durkheim 1964, 3). Inside a bureaucracy, credentials control what kind of position a person can hold, the authority given by that position, rules that must be followed, who reports to whom, and many other social facts which are taken for granted by the actors inside the bureaucracy. In fact, it can be argued that the social facts create a social environment, which in turn shapes the culture of that social environment. If culture is a “toolkit” (Swidler 1986) and the environment in which a culture develops shapes that culture in ways that a different environment would not (Lanski 2015), then the culture of a bureaucracy – what we are here calling *bureaucraticity* – serves to recreate itself.

We further suggest that bureaucracy’s need for a stable, unchanging environment – its *stubborn stability* – is another characteristic that must be taken into account in this analysis. To function well, bureaucraticity depends on stability and predictability, including the stability of the environment in which it operates. It also influences subject actors to make decisions based on the good of the institution rather than the good of individual members. In essence, the social facts of bureaucracy create bureaucraticity, and unless these social facts are somehow breached (broken), they become a taken-for-granted reality and actors generally do not notice their constraints (Garfinkel 1984). More-bureaucratic situations with more-bureaucratic norms and actors will have more difficulty responding to sudden changes in normative standards.

Bureaucratic actors

A bureaucracy contains two kinds of bureaucratic actors, which we here have defined as *outcome-oriented* and *process-oriented*. An academic bureaucracy contains faculty and administrators (as well as students). Outcome-oriented bureaucratic actors (OBAs) are willing to try new methods and processes and tend to prioritize outcomes over process, while process-oriented bureaucratic actors (PBAs) resist new methods, policies, or procedures as inferior to the way things have always been done and tend to focus on process more than outcomes. For example, a PBA faculty member would focus on preserving tried-and-true teaching methods because they are familiar and dependable, while an OBA faculty member would focus on finding teaching methods that produce reliable outcomes in the form of grades, scores, and student feedback. Similarly, a PBA administrator would focus on preserving standards that had been repeatedly used to evaluate faculty progress toward tenure, in the interest of preserving continuity, while an OBA administrator would propose new standards that might better capture what faculty progress looked like in a particular year.

If social conventions (a form of social fact) are broken, their violations can cause mild to intense distress among the social actors who are affected by its breaking.

TABLE 5.1 Types of Bureaucratic Actors

<i>Process-Oriented (PBA)</i>	<i>Outcome-Oriented (OBA)</i>
Resists new methods, polices, or procedures in favor of tried-and-true	Interested in trying new methods, policies, and procedures
Focuses on keeping processes the same	Focuses on creating similar (or better) outcomes
Sees new methods as inferior	Sees new methods as leading to better outcomes
Makes decisions through <i>habitus</i>	Makes decisions through <i>praxis</i>
Greater distress when faced with sudden change	Moderate stress when faced with sudden change
Watchwords: tradition and longevity	Watchwords: innovation and flexibility

For example, Garfinkel’s breaching experiments show these broken social conventions cause people to become bewildered and anxious (Garfinkel 1984, 55), often severely: “[T]he firmer a [person]’s grasp of What Anyone Like Us Necessarily Knows, the more severe should be [their] disturbance when ‘natural facts of life’ are impugned for [them] as a depiction of [their] real circumstances” (Garfinkel 1984, 54).

The more dependent upon social facts a person is, the more upset and uncomfortable that person will become when the social facts are breached. PBAs, who are more oriented toward processes – “the way things are done” – are more derailed in this situation than are OBAs, who are more oriented toward outcomes and thus more likely to resist situations that would lead to such derailment. Even the breaching of social facts we would consider minor, such as standing facing the back of an elevator instead of the doors, can cause intense distress in a social actor who needs stability and predictability. We can think of process orientation as a security blanket of sorts, and the changing conditions make clinging to the security blanket a defense mechanism, though one not particularly helpful for the institution.

Durkheim’s (1964) concept of anomie (the sense of normlessness, or not knowing what the rules are when the rules change suddenly) dovetails with Garfinkel’s findings. Anomie describes what happens when a person is confronted with a situation that is unlike any situation they have previously encountered. In this situation, existing norms that usually create stability fail to do so because of the situation’s novelty. This failure then creates anomie, requiring social actors to do active cognitive work to manage it, instead of relying on what has always worked in the past. This lack of successful, established norms for the novel situation creates instability and, eventually, social change. Institutions experience anomie as well – the rules that have always worked fail to address the novel situation. This tends to create anomie for all subject actors of that institution – admittedly, some more than others.

Sanford’s (2012) work on decision-making – specifically, the decision to treat a situation as legitimate and thus binding on our actions – shows how reactions

to anomie differ between PBAs and OBAs. Sanford's findings of *decision-making through habitus* and *decision-making through praxis* map approximately to the ways PBAs and OBAs make decisions and give legitimacy to social situations:

Legitimacy through praxis is that which we treat as legitimate because we have actively, deliberately decided to do so . . . *Legitimacy through habitus* is that which we treat as legitimate because it has always been legitimate. We allow it to bind our actions without conscious deliberation.

(Sanford 2012, 16–17, *emphasis in the original*)

Actors who are able to make decisions using *praxis* – deliberative and purposeful action – are more able to handle novel situations and sudden change than are actors who depend on *habitus* – familiar situations with familiar components – to make decisions. Since bureaucracy depends heavily on rules and credentials defining *what* things get done, *how* they get done, and *who* does them, it creates a perfect *habitus* environment.

Adaptation and change often require deliberation and active decision-making, rather than the habitual decisions bureaucracy is designed to encourage. Given this, PBAs are more likely to have difficulty adjusting to rapid change than are OBAs, and “fixate on the little they can control” (Cohan 2021, this volume). This is not to say OBAs do not also have trouble with novel situations, but they are less likely to experience extreme distress when facing them than are their process-oriented counterparts. OBAs are also embedded in the forms and structures of bureaucracy but are more able to quickly adjust and adapt when faced with novel situations. PBAs, however, cling to their processes and social facts because they do not deal well with novel situations requiring rapid adaptation and change.

Bureaucracy and the academy

Since the early 1990s, many university bureaucracies have been forced to adapt to reductions of state and large donor economic support for university systems, the effects of neoliberalism on the surrounding culture, and the increasing levels of competition between schools for student enrollment. Confronted with these pressures, university bureaucratic structures have reorganized to respond to and manage them. However, these changes have been slow, gradual, and planned, rather than the sudden changes imposed by the pandemic. They have not created new processes to manage rapid change. (Again, there is no “Rapid Change Officer” position!)

Universities have also faced increasing pressures to restructure from a “bureaucratic-collegial” model, where faculty have a lot of input into the various processes and policies of the institution, to a “managerial” model, which is more like a corporate bureaucracy (Bruckmann and Carvalho 2018, 642). In a bureaucratic-collegial model,

each part of the university operates more or less independently of administration – an arrangement referred to as “loosely coupled” in organizational theory. In a loosely coupled arrangement, any particular department could close down without harming the overall mission and purpose of the larger institution. The bureaucratic-collegial model was how most colleges and universities were structured prior to the 1990s.

In a managerial model, however, the university is far more “tightly coupled” – that is, each department and division has far more defined lines of managerial control from administration down to faculty and staff. The bureaucratic chain of command is much more in evidence in managerial models than in bureaucratic-collegial ones. Faculty influence on the system has been greatly diminished over the past few decades, as most universities have increasingly moved toward a managerial model (Maasen and Stensaker 2019). Faculty’s collegial influence, and therefore their influence in university decision-making more generally, has been significantly reduced.

Perhaps counter-intuitively, the managerial model has a much better chance of rapid adaptation to quickly changing circumstances because the number of decision makers and people with input into the problems has been reduced, streamlining decision-making and response. As such, this model has been somewhat more successful at responding to changing conditions – at least, in terms of “speeding up . . . decision-making processes” (Maasen and Stensaker 2019, 461). However, speeding up decisions does not necessarily mean the decisions create good outcomes for the institutions or their actors – and may actually increase bureaucraticity.

The flexibility offered by the bureaucratic-collegial model serves universities well under *normal* circumstances, because it empowers more faculty. But with the sudden challenges presented by this pandemic, having a clearly defined bureaucratic hierarchy with easily identifiable decision makers allows for more widespread changes to be put into action quickly, although it also imposes a single decision upon all actors, whether those actors find the decision beneficial or not. Faculty who fight for the return of the bureaucratic-collegial model may not see much success, due to the environmental demands imposed on their institutions by the pandemic.

Bureaucracies concentrate power – to make decisions and to make change – at the top. Weber (1978) discusses power as a two-fold concept: having power and exercising it (if those subject to such power agree that its wielders have it). In order to exercise power and make others do as they wish, one must have power. However, merely having power does not guarantee using it, or using it effectively. In higher education situations, bureaucraticity creates power struggles between administration and faculty. These emerge because of the basic nature of bureaucracy: Those who have certifications in certain types of authority have the power to exercise that authority, while those who are not so certified do not. In most universities, faculty are certified as content creators and content communicators, but their certifications are in research and teaching, not administration. Administrators, on the other hand,

are certified to manage and make decisions under the conditions normally assumed in a bureaucracy.¹ The problem is the environmental conditions have changed, and, as many people are discovering, the tools that always worked before no longer do, and can even have adverse effects.

On many campuses, especially in the United States, academic bureaucracy has seen a shift in power from PBAs to OBAs, largely due to the neoliberalization of the university (Olssen and Peters 2005, 327, Ryan 2021a) and increasing competition between universities for student enrollment. These situations have pushed the university's bureaucracy in the direction of a much more managerial structure than before. This reorganization has exacerbated the power struggle between PBAs and OBAs within university bureaucracy, with the original process-oriented bureaucrats relying on tradition in trying to keep things the way they always have been, while outcome-oriented bureaucrats push forward with new innovations to make the university more financially stable and competitive.

The power struggle between PBAs and OBAs presents itself through claims (made by PBAs) that the new methods and processes for doing things (proposed by OBAs) are inherently inferior because they do not reproduce the familiar processes that have been used before. By doing so, they assume that tradition and longevity are more important than flexibility, because the tools they use do not lend themselves to flexibility. OBAs argue for similarity of outcomes, but many PBAs insist on similarity of process, as well. This tension between process and results has already been present in institutions of higher education for years, but the institutional response to the pandemic has spotlighted it and exacerbated this tension.

The rule-boundedness of academic bureaucracies is also an impediment to rapid adaptation. Higher education is prone to "bureaucratic legalism," which Kagan (2006) defines as "[a]n administrative decision-making process characterized by a high degree of hierarchical authority and legal formality . . . resemb[ling] the ideal-typical bureaucratic process as analyzed by Max Weber."² Legalism creates bureaucratic systems with formalized, regulated, rigorous structures through which there are only one (or possibly two) paths to successful outcomes. For example, in an academic bureaucracy, the successful outcome rests on low attrition and high graduation rates within a normative time frame (typically four years, although a longer time frame is acceptable if the result is graduation), or in the case of two-year institutions, certification, a degree, or successful transfer to a four-year institution. Similarly, the "successful" path for a faculty member is to occupy an increasingly rare tenure line and achieve tenure through a review process conducted by other faculty and the administration. Although higher education relies on non-tenured faculty, these positions typically do not define "success" for faculty. These expectations are built on structures with an inhibiting effect on rapid adaptation and quick responses to outside stressors or changes, because the focus of the bureaucracy "is not about how to respond to rapid changes in societal demands but how to ensure legal certainty" (Lapiente and Suzuki 2020, 456), which, in the Weberian sense, means dependability and repeatability. Innovative and "managerial" bureaucracies

have an advantage in adapting quickly to sudden change. The more legalistic and rule-bound the bureaucracy, the less likely it will be able to adapt to rapid social change – because bureaucratic legalism stands in the way of pro-innovation views (Lapueute and Suzuki 2020, 457).

The overall shift toward a more managerial, neoliberal bureaucracy has helped shape a situation where process-oriented bureaucratic actors who oppose these changes feel increasingly unheard, and even betrayed, by the changes happening in spite of their resistance. “[I]n the context of organizations,” Sievers (2009, 71) argues, “the introduction of new strategies, policies, and value systems is often experienced as betrayal.” Given the ongoing feelings of persistent betrayal they have been experiencing for the last several decades, some process-oriented actors may feel the changes required in a pandemic response are simply a bridge too far and dig in their heels to refuse further change.

The effects of academic bureaucraticity in an international pandemic

According to Ryan, “It is . . . uncertain how the broad moves to online education will impact the future of educators and brick-and-mortar educational institutions” (Ryan 2021b, this volume). Normally, bureaucracy provides its actors with tools that replicate the bureaucracy, *as long as the environment remains stable and the norms remain functional*. Problems arise when the institutional environment changes, the norms no longer function, or both. The response to the pandemic profoundly changed the environment, but many bureaucratic actors continue using the same tools regardless of their effectiveness or potential for harm. For example, the real-time, in-class lecture is a powerful instructional tool – but many instructors discovered, to their chagrin, that holding a real-time lecture over videoconferencing software caused many students to tune out or to struggle far more than they would in an in-person environment. And, of course, some students were unable to connect to the videoconference at all, due to other either demands on their time from families or workplaces, lack of available technology including consistently strong internet access, or both. This not only decreased learning but exacerbated inequity and stress for these students, as discussed by Smith, Sanford, and Blum (2021) in this volume.

Bureaucratic culture lacks any tool to allow it to rapidly change course during abnormal circumstances. Ideally, bureaucratic actors are hired based on specific certifications in specific areas of expertise, regardless of being process or outcome oriented, and they are expected to both wield the authority that goes with those certifications and “stay in their lane.” Despite being on the front lines of the situation and knowing the most about the problems they and their students are facing, faculty lack the institutional authority to make decisions and distribute resources directly to help remedy the problems. Instead, they have often been confronted with a bureaucratic process that slows down or even stops getting help where it is

needed, when it is needed. This situation creates a power clash between the people who can see the problems and the people who have the authority to solve them.

One of the main ways this struggle showed up, in the first weeks of the move to remote instruction, was administrative requirements (across many institutions) to hold synchronous class meetings over videoconferencing software, despite the inequity issues these meetings created and exposed (Smith, Sanford, and Blum 2021). Although many faculty agreed with this directive, others – especially those who had more experience with online teaching – objected, and were overruled. This attempt to maintain “business as usual” in the face of the pandemic often created more work, stress, and difficulty for students, faculty, staff, and administration.

Many process-oriented faculty – who tend to be more embedded in bureaucracy – first tried to exert control over the situation by flatly rejecting changes required by the pandemic. We have seen multiple examples of this in higher education discussion groups created in response to the pandemic. First, educators resisted moving online at all. When told they did not have a choice, they then attempted to recreate the in-person environment online, in large part by defending “rigor”: increasing students’ workload to compensate for the lack of in-class meetings, becoming more rigid about deadlines, insisting on synchronous class meetings through videoconferencing, requiring students to use “lockdown browser” programs to proctor their examinations, extreme concern about academic dishonesty, and a general lack of flexibility. At the same time, these faculty rejected online teaching methods such as recorded lectures, outcome-oriented due dates, and asynchronous approaches to communicating information to students, despite the fact that these methods create better learning outcomes for students in an online or remote environment (Darby 2020). All of these responses to unavoidable change reveal a need to maintain a semblance of normalcy, without taking rapidly changing on-the-ground conditions into account.

In the situation the pandemic has created, bureaucracy’s main tools of process, rules, certification, and supervision have failed to produce the desired and expected outcomes. Indeed, the rapid shifting of which qualifications are important and which ones no longer matter – in short, the lack of a certification to manage academic responses to a pandemic – has caused higher education to move into a form of academic triage (Schaeffer 2021), where those “on the ground” are being micro-managed by supervisors who do not have all the information they need to manage the situations effectively. This only worsens the situation, as academic bureaucracy has no effective bureaucratic tools to manage it. This situation has also led to an increase in inequity for students, partly because it has revealed just how much students depend on available computer labs and internet on campus to complete their work (Smith, Sanford, and Blum 2021), and partly because it demands faculty learn and use new pedagogical methods rather than their tried-and-true but now ineffective (and often harmful) teaching tools (Darby 2020).

The bureaucratic nature of higher education is not well suited to adapting to sudden crises. A combination of bureaucratic norms, social facts about education,

and a cultural environment reticent to change and designed to prevent change and maintain continuity explain some of the breakdowns caused by the rapid adaptation required by an international pandemic. Bureaucraticity's stubborn stability also impedes institutional adaptation.

Discussion and conclusion

The problems revealed by the COVID-19 pandemic are jarring, and they require quick action and adaptability to cope with them. When COVID-19 first became an international pandemic, and college campuses began the abrupt move from in-person to online instruction, examples of bureaucraticity – and its inability to adapt – started to appear in academic news sources and other literature. These included lists of faculty organization demands of institutions of higher learning (American Association of University Professors 2020) and dire warnings that administrators would “finish what they started” (Berlinerblau 2020). But they also included speculation that modifying bureaucratic operating standards, such as the in-person meeting, might be positive for the university – though losing all bureaucracy would not (Byrnes 2020). Later in the term, universities began considering not just the spring term of 2020, but also how they would manage the new demands of the virus for their summer sessions and the fall term. At this point, articles ranging from cautions against reopening due to serious public health and safety concerns (Sorrel 2020) to descriptions of drastic measures taken by university management to preserve their bureaucratic structures (Furstenberg 2020; Gopalan 2020) and predictions of continued bureaucratic foot-dragging causing university failures and closures (Devinney and Dowling 2020) filled academic news sources, blogs, and magazines. Notably lacking, however, were proposals to make universities more flexible or responsive to rapid change; in fact, the majority of these articles instead proposed reasons to resist it. From these examples, we can see bureaucraticity creates a number of blockades to rapid change.

First, bureaucratic rules, which require getting permissions through a chain of command that may take days, weeks, or even months to produce an answer, cause institutions to be unable to adapt quickly. For example, instructors who wanted to try new methods of teaching during the last half of the spring term of 2020 were often told, as a top-down command, to maintain “normalcy” as much as possible through the use of synchronous videoconferencing, to hold regular classes at the same times they were scheduled before the pandemic closed their campuses. Getting permission to hold asynchronous classes instead could have taken as long as the rest of the term, and in the meantime, instructors had to struggle with Zoom calls, Zoombombings, and other problems that made their jobs much more difficult.

Second, the rule-reliant, hyper-legalistic culture of bureaucracy leads to an over-reliance on process (because process means “following the rules”). Bureaucratic actors assume proper process will lead to correct outcomes, and in a normal situation, this is generally true. The problem appears when the environment changes

and the change is not adjusted for. Having to hold synchronous class meetings, when perhaps a third of the students do not have the appropriate tech or internet connection or have other reasons why meeting at 8:30 a.m. from their home is not feasible, shows that bureaucratic process is heavily tied to rules which were developed under specific environmental conditions – such as having a dorm room and access to school computers – which changed the moment students were sent home from campus due to the virus.

Third, stubborn stability – the dependence on an unchanging environment – is so ingrained into the bureaucratic way of doing things that flexibility is seen as weakness. Instead, rigidity, or holding firmly to “how we’ve always done it,” is seen as synonymous with the stability of the entire institution, to the point that trying to insert flexibility into bureaucratic processes, to accommodate the problems of new information and changing environments, is treated as hostile to the institution. This information is then either ignored completely (leading to the other problems already discussed) or fought against – a hopeless process when the new information is a deadly virus. Unfortunately, as the current pandemic has demonstrated, this very rigidity is bureaucracy’s fundamental flaw – “the system becomes so ‘rational’ that it is, in fact, irrational” (Ritzer 2021).

It is readily apparent that bureaucratic structures in higher education systems are not designed to rapidly respond to threats or changes and have not made much progress in this area, despite outside pressures to develop ways of doing so. “As an organisation [sic],” argues Egero (2006, 43), “a university has a number of particular features that pose structural obstacles to rational responses to a threat.” The main issue for universities facing any demand for rapid change is bureaucracy’s stubborn stability. This dependence on an unchanging environment is structural to the system, as much as it is personal for many actors within it, and restructuring the university must be approached with the understanding that such restructuring may negatively affect the many “semi-autonomous entities (departments, institutes, etc.) over whose internal life it has little control” (Egero 2006, 43).

Bureaucraticity motivates actors to push for simple solutions that go “by the book” and follow established procedures and to avoid complex, nuanced ones wherever possible. However, novel problems require nuanced solutions, leading to the construction of new institutional structures and procedures that are less bureaucratic, more flexible, and more dynamic. These changes will improve institutional fitness and adaptability to environmental challenges, both now and in the future. Some of the hurdles that must be overcome, first, include bureaucracy’s resistance to change, even when change is necessary to the survival of the institution; the lack of trust between process-oriented and outcome-oriented bureaucratic actors; and bureaucracy’s stubborn stability – its dependence upon the environment remaining stable and unchanging over time.

Byrnes (2020) suggests several ways in which institutions might move toward a reduction in bureaucracy, to enable greater flexibility and responsiveness to the COVID-19 crisis, as well as other situations that may demand rapid change in the

future. First, universities must realign themselves with their purpose, or their “why” (Byrnes 2020). Many of the issues caused by bureaucraticity can be traced back to a loss of connection with the ideal purpose of the university, which is to educate students and create both productive members of society and critical-thinking citizens. Universities must look critically at how many of their set processes actually function to serve this goal. Is it central to this goal, for example, to have students be on campus for classes? Does it require synchronous classes, meeting in real time? Is it necessary for students to have in-person meetings with teachers in order to learn?

Second, universities must push to empower every actor – not just administrators but also faculty, students, and staff (Byrnes 2020). This will require PBAs to relax their grip on keeping process the same and become more open to outcome-oriented solutions, while also requiring OBAs to find solutions that honor existing processes, if possible. Identifying issues that get in the way of the university’s purpose may be a starting point, as faculty, administrators, staff, and students work to find or innovate processes that can handle these issues.

Finally, bringing respect for all parties to the table will be crucial, in order to establish trust and a sense of working together, rather than against one another (Byrnes 2020). Without real respect for each actor’s position and needs, especially as those needs relate to the purpose of the university, we will continue to see stagnation, gridlock, and an inability to move forward without many parties feeling belittled or betrayed.

Academic bureaucracies must, in essence, find ways to make themselves less bureaucratic and more flexible, while still providing stability and dependability to their actors. As Bidwell notes, administrators need “better emergency planning . . . [and] communication . . . to facilitate a more seamless response to unforeseen events” (Bidwell, Grether, and Pederson 2021). Byrnes’s solutions should serve as a starting point for researchers, faculty, and administrators who recognize their institutions must develop methods of coping with unavoidable, rapid change – a weakness that has always been present in academic bureaucracies and may doom them, if not resolved.

Notes

- 1 Administrators who started their careers as faculty may also face issues, as their original certifications were in research and teaching. Many of these administrators may feel they are required to “choose sides” and become fully administrative, up to and including gaining new certifications to qualify them as bureaucratic decision makers and managers.
- 2 It should be noted that “legalism” here refers to Weber’s idea of legalism: high levels of formality and hierarchy, as are often seen in a bureaucracy.

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6

THE SOLUTION IS THE PROBLEM

What a pandemic can reveal about policing

Jodie Dewey

Policing has become a global health problem. COVID-19 has shed new and brighter light on the health disparities experienced by people of color, and the recent police killing of George Floyd in Minneapolis, Minnesota, showed the disproportionate effect of police brutality on African American bodies. Health and policing converged as people responded to police violence by taking to the street, violating social distancing directives and risking exposure to the virus; these week-long, worldwide protests made it painfully clear that there is not a problem *in* policing as much as there is a problem *of* policing. The pandemic and the killing of George Floyd exposed the government's process of criminalizing people, dehumanizing them, and generalizing them – and one of the most effective ways to do this is by adopting racialized, classed, and gendered constructions that categorize people as (unworthy) victims or perpetrators. Policing risks social health and security when it is used to solve social and health problems.

How we police

The problem of expecting a police agency to enforce health directives, especially during unknown factors presented by a pandemic, is that they will continue to draw upon the narratives and cultural habitus, familiar decision-making based on seeing and constructing situations as equally familiar (Sanford, Blum, and Smith 2021, this volume), that obscure the gendered, classed, and racialized elements of “doing justice.” The government, or the state, according to Bourdieu, is “an entity that exists by way of belief . . . a well-founded illusion . . . collectively validated by consensus” (Bourdieu 2014), such as when officers say that they merely “uphold the law” or claim “we don’t see race, only crime.” The criminal justice system participates in this ethos or habitus that is deeply entwined with other powerful state systems, such as mental health and medical care (Foucault 1977), making policing

also a site for “doing health.” The structure and mindset of bureaucracies, as well as the people who perform the roles within it, are arranged to maintain stability and reproduce itself and, therefore, are unlikely to respond differently to meet the demands presented by a global pandemic (Sanford, Blum, and Smith 2021, this volume). Overlapping powerful systems ensure criminal justice’s longevity, power, and existence (Bourdieu and Wacquant 1992), and through the repetition of messages presented in the field, the processes of “doing police work” that are based on idealized visions of achieving justice conflict with the actual *doing* of justice, which can be reduced to “doing gender,” “doing race,” and “doing class.”

Under a patriarchal system, men enjoy status and material dividends over women, and power is conferred to those who control knowledge and state apparatuses, namely through the use of violence to uphold the law. Narrow, “culturally exalted” (Connell 1987) meanings of masculinity, termed “hegemonic masculinity,” are required to sustain a system of patriarchy and can be found in the training of police recruits. Idealized masculine narratives require the subordination of femininity and other forms of masculinity, which is best elucidated in the villain-victim-hero model that is historically powerful and culturally significant in the “new discourse emphasizing a metaphorical and unequal relationship among protective hegemonic masculinity, emphasized femininity, and subordinate masculinity” (Messerschmidt 2016). Therefore, separating people into strong and weak, worthy and unworthy, is required to deliver “justice” (Rios 2009; Gonzalez-Van Cleve 2016). While police ideologies center on policing as a community-engaged institution, their actual practices co-op community interests to police objectives (Gascon and Roussell 2019), and reveal that masculinity and Whiteness are leveraged to achieve power, mostly by demarcating the boundary between the police and the public (Foucault 1977; Dewey, *forthcoming*; Gonzalez-Van Cleve 2016). Construction of an “other,” a mythical scapegoat based on perceived inherent inequalities, is required to ensure the ideological, political, and economic success of the state (Ryan 2021, this volume). Immediately following George Floyd’s murder, President Donald Trump, in his many disturbing speeches and tweets, aligned masculinity with a show of militarized force against the protesting citizens he pledged to protect, while he dismissed Minneapolis Mayor Jacob Frey’s response as weak and indecisive. Such reframing obscures the reality that the “crisis in policing” is really an unexamined “crisis in masculinity” (Connell and Messerschmidt 2005).

How a pandemic makes health problems, criminal justice problems

The World Health Organization (WHO) recorded the first cases of COVID-19 on January 4, 2020 (WHO 2020), and within four weeks, over 7,800 cases were reported in at least 17 countries. As of mid-August, the virus has spread to every continent, with over 23 million cases and 800,000 deaths (CNN Health 2020). While the first reported US case appeared on January 21, by mid-July it had

ballooned to over 3.8 million confirmed cases and over 142,000 deaths. It was at this time that while many countries were beginning to flatten the curve of infection, the WHO reported the biggest daily jump in new cases since January, most concentrated in the United States and among the 18–44 age bracket (Mackintosh 2020). Unlike other pandemics, COVID-19 has proven uniquely challenging because a pre-symptomatic person, experiencing no symptoms severe enough to self-quarantine, could potentially infect many people. Contracted through respiratory droplets, the virus easily transfers from person to person during prolonged proximal closeness, essentially making most social interactions, especially those taking place in enclosed spaces, problematic (erinbromage.com).

Beyond the epidemiology of disease of most interest to medical experts, illness also has a social component in which social scientists investigate how virus contagion shapes individuals' lived experiences and their relationship to the people and systems around them (Ryan 2021, this volume). The COVID-19 pandemic highlighted patterns of health disparities that reveal larger structural barriers to quality health experiences and care that already exist (Paradies et al. 2015; Morey 2018; Thomas and Casper 2019; Kawachi, Daniels, and Robinson 2005; Williams 2003). Where data based on race exists, non-Caucasian ethnic groups are disproportionately more likely to contract and die from COVID-19, such as in Ireland (Gleeson 2020) and the United Kingdom (Bhala et al. 2020). In the United States, African Americans are 2.4 times more likely to contract the virus compared with Caucasians, and while only making up only 13% of the population, African American deaths from the disease account for 25% of COVID-related deaths (APM Research Lab 2020a). In Chicago, for example, African Americans make up 30% of the population but 52% of COVID deaths. Environmental factors most affecting those in lower socioeconomic communities, such as living in congested/multigenerational homes, taking public transportation, and holding essential jobs that do not allow for remote work, exacerbate existing health issues and further increase viral exposure (Bhala et al. 2020). In England and Wales, for example, 34% of those employed in manual work account for 43% of COVID-19 deaths (Daley 2020).

Health disparities are compounded by inequities in police treatment, something made more apparent during a pandemic. In cities where police operate under aggressive tactical policies, continual fear of being stopped, frisked, harassed, and arrested intensifies stress and other health conditions that make one most susceptible to contracting and dying from COVID-19 (Natividad 2020). A global pandemic intensifies problematic experiences with police, which disproportionately impacts communities of color. For example, according to Fryer (2016), Latinos and African Americans are 50% more likely than Caucasians to experience use of force during a police encounter. Although escalated use of force (e.g., displaying/pointing a weapon, handcuffing without being arrested, and using oleoresin capicum [O.C.] spray) are more rare, African Americans are 21.4% more likely than Caucasians to experience them. While Fryer found that for lethal force, African Americans were 23.8% less likely to be shot at by police, others researchers found

that the rate of fatal police shooting disproportionately affects African Americans (Statista 2020) and that African Americans experience police-related injuries five times more frequently than do Caucasians (Feldman et al. 2016).

To limit the spread of COVID-19, many political leaders across the globe initiated stay-at-home orders and social distancing directives, utilizing scientific and medical logic to justify hyper-policing and suspend community-building initiatives and, therefore, transformed a health crisis into a criminal justice problem (NBC Chicago 2020). Policing during COVID-19 has shined a harsh new light on racialized policing practices in many major cities; for example, in the United Kingdom, minorities are 54% more likely to be fined for violating state- and city-mandated pandemic regulations (Mohdin and Dodd 2020). Further, the conflation of race and crime means that citizens who are not Caucasian face increased scrutiny and suspicion when wearing a face mask, forcing them to choose between avoiding contracting a deadly virus and risking the potential physical and psychological damage of being accosted by police who may marginalize their need and right to protection and instead reduce them to stereotypical characterizations of a criminal, gang member, looter, etc. (Natividad 2020).

What can policing reveal about a pandemic?

While a pandemic creates new social conditions in which to evaluate our policing practices, how we police, in turn, impacts our global health. On May 25, 2020, the world saw yet another death of an unarmed African American man caused by the police; using an unapproved tactic in a situation that did not call for such an extreme level of force (the victim, George Floyd, was handcuffed and compliant), now-former police officer Derek Chauvin knelt on Floyd's neck for 8 minutes and 46 seconds, during which time Floyd fell unconscious and died. While some point to the lack of humanity for the utter indifference of Chauvin and the three other police officers who failed to intervene, it is the police habitus that makes this act so mundane that it must be investigated. Typical use-of-force justifications, such as resisting arrest, fleeing, or weapon possession, were not applicable in Floyd's case.¹ Interestingly, Floyd had contracted COVID-19 weeks earlier, and while his body was successfully fighting off one pandemic, it was forced to succumb to one more insidious (Neuman 2020).

The murder of George Floyd, along with the many other African American lives lost before his, unleashed a groundswell of antiracism solidarity protests in over 350 US cities (Michaels 2020; Mohammad Haddad 2020; Rahim and Picheta 2020). Focused on police brutality, antiracism, and anticolonialism and emerging across the world, from China to Syria, thousands of protesters from various social backgrounds joined together – some after months of pandemic-related self-isolation (Rodriguez-Presa 2020). Often violating state directives meant to contain the virus, many people joined together to protest, including yelling and shouting, which potentially aerosolized and further spread the virus. Mass arrests forced

people into close quarters, and officers' use of O.C. spray and tear gas to control protesters forced citizens to remove their masks, cough, and rub their eyes – actions that all help spread the virus. As of mid-June 2020, tear gas has been used in over 100 major US cities and in some places abroad, against its people (APM Research Lab 2020b; Lai, Marsh, and Singhvi 2020). Thus, a militarized criminal justice response to a social crisis intensified a major health problem.

Why police reform will not work

Seeing policing play out during a convergence of a global pandemic and civil unrest due to aggressive police practices sheds light on why discussions about reform may fall short. Due to increasing public dissatisfaction with police practices, various community policing initiatives have been discussed and implemented, originating in the 1970s with the Community Oriented Policing and Problem Solving (COPPS) model. The main goal of this philosophy is to balance power by democratically bringing the police and public together to discuss community-defined problems and solutions (Corsianos 2012), and while many noble ideas have emerged from this concept, these ideas often do little more than weaponize citizens in police expansion rather than alter police practices (Gascon and Roussell 2019). But why is it so challenging for the police and the community they are hired to serve to most effectively work together? Where does this problem in policing originate? And what do our experiences and response to this pandemic, during an intense international cry for improved police relations, reveal about the system of policing more generally? In my own extensive observations of United States police academies, I found that the goals of community policing are unlikely to be reached because recruits are indoctrinated into a “socialized subjectivity” where “rational decisions” (Bourdieu 2014) to follow “the law” are decision-making processes that mask personal and institutional biases and justify force. Further, the perception that they must deal with non-criminal issues results from a history of conflation of policing with state interest in all areas of our lives, especially our health (Foucault 1977). Specifically, this unfolds in police training through three key and interdependent parts: (1) Masculinity shapes police as protectors and heroes, (2) which requires the infantilization and criminalization of the public that (3) is shaped by racialized and classed constructions.

Police as protectors and heroes

Historically, policing has revolved around the image of the (generally male) protector and hero, such as what I witnessed during a police academy graduation where an atheist professor, who was also a rabbi, compared God to the police. He began by saying, “If there is really a god then let him knock me off this stage while I speak. I will give him 15 minutes to do so.” The professor continued to speak for five minutes, then he stopped speaking, looked up, and said, “Well, you only have

10 more minutes, so if you exist, then knock me off this stage.” The professor continued to speak for another five minutes and nothing happened. Again, the professor said, “Okay, well you only have 5 more minutes, so if you are real, then knock me off this stage.” As he began the last five minutes of his presentation, a 6'4", 280-pound, muscular Marine walked up to the professor and punched him so hard that the professor fell off the stage. Bewildered, the professor asked, “Why did you do that?” The Marine responded, “God says he is busy and sent me to take care of it.” The audience laughed and applauded.

In addition to protecting the community, police are also perceived to be protecting citizens from each other. During an academy class, an instructor stated, “You are the guardians of our community. You protect my family. You are the warriors, but that word is harsh in our political world right now, but warriors protect the people.” Similarly, another academy instructor told the recruits that officers are there to “keep the wolves away from the sheep.” When masculinity frames the role and objective of policing, then police feel compelled to interject in the daily affairs of people’s lives, which begs the need to decipher who is most in need of police attention and/or protection.

Denigrating and criminalizing the public

Effective policing often relies on the perception that the public is ignorant and/or unintelligent. During an academy course on the law, the instructor stated that if you cannot legally conduct a search, you can seek consent to search, which the officer stated is dependent on the public not being privy to the law because “they are stupid.” However, citizen attempts to exercise their rights can often be interpreted as an indication of guilt. For example, during a DUI class, the instructor told recruits, “the only people who are going to refuse to take your (sobriety) test are those who already got arrested for a DUI in the past.” Interestingly, in a private conversation earlier that day, that same officer told me that I should always refuse a sobriety test because doing so creates more loopholes that can build a successful defense.

The public is also commonly portrayed as liars and suspects. During a procedures course, one instructor stated, “people lie all the time. Police are often . . .”. A recruit chimed in “jaded.” “Right,” the officer responded. “Police never believe anything they hear because they spend their time being lied to. You will be lied to several times each night. People in your personal life may lie to you.” A lecturer who was teaching recruits traffic stop protocols indicated that the officers should be suspicious “when they (citizens) drive past you, and they look surprised to see you or when they intentionally try not to look at you.”

As introduced earlier in this chapter, beliefs about race, ethnicity, even religious beliefs, can help influence police suspicion. During a police academy class, when asked for an example of when something is suspicious, a recruit replied, “When a car looks too expensive to be in the area.” The instructor nodded in agreement. This exchange demonstrates that, from these police officers’ perspective, potential

criminality can be dependent on assumptions about class/social status: who should and should not own a particular kind of car and who should and should not inhabit a particular space. During a different class, another academy instructor presented a mock situation of pulling over a man for a suspected DUI; in this example, the officer portrayed both the police officer and the person who had been pulled over. First, the instructor, playing the part of the officer, asked the man how many beers he had consumed. Then, switching to the role of the man who'd been pulled over, the instructor responded, "Oh, sir, I had 28 beers," in broken English and with a Spanish accent. Immediately realizing that using such an accent was problematic, the instructor said to the class, "Now, I know I used that accent, but most of my clients *are* Hispanic." The entire class laughed. In yet another class, an instructor said, "We see a guy in Islamic garb. I don't care if it is politically incorrect (to assume that the person is Islamic) – he's wearing a turban, and he is holding a box that says 'explosives'. Let's keep this simple. Am I wrong here?" The next day, before class, this same instructor approached me and stated that he had to use all "these Abdul and Habib" jokes to get the class to connect to the material.

While most observed instructors were not as blatant when connecting crime to specific ethnicities, race, or religions, such connections were still often implied. During one course, an instructor advised recruits to "get to know the dirt bags. My guys in my town know the dirtbags." He further explained how he handles the "dirtbags" and how an officer can pull them over for failing to reduce their speed while driving through an intersection:

How many of you actually reduce your speed? No one does but know what is in your toolbox. It is a reason to stop someone. A cheesy reason to stop people, and if they are gang bangers, stop them. If they live here, tell them we are watching them, and if they don't, send them back. I will stop them for a known vehicle code violation and paper them, and if they are criminals, I will tell them to not come back. That is how I clean up a neighborhood. Why can't you do that? What is your job? To deal with crime. You don't do this to everybody, only those that don't support you.

This one example very obviously demonstrates several problems with police conduct that many citizens are regularly subjected to. However, it is also essential to highlight one particularly dangerous concern: In this example, by advising police recruits to tell "criminals" to "not come back" rather than arrest them, what does the word "criminal" really mean here? In this example, is it a legal term for someone who violates an actual law, or is it another word for "undesirable people"?

Another common way that police officers criminalize citizens is by regarding victims as potential perpetrators. During his class, a police academy instructor asked his students,

Is a call about a heroin overdose a call for help or a crime call? Can be both. If drugs are on the scene, then it is a crime call. If they already used them,

it is a call for help. But be aware if he gets Narcan they will resist and fight, and so it is a crime call.

The presumptions revealed in this example, particularly with regards to viewing a physiological response to a prescription treatment as a catalyst for a potential criminal act, demonstrate how a call for help can likely result in an arrest – a particularly disturbing policing practice that is commonly observed today. Police are trained to construct people as worthy and unworthy of assistance, framed by racial and classed assumptions that supersede any larger health or safety goals believed to be the objectives of police work during the pandemic.

The possibilities of this moment

The protests stemming from the murder of George Floyd and other police abuses, and officers' response to its citizens to control them, are not new. That these events occurred during a worldwide pandemic, exacerbating the contraction and spread of COVID-19, exposes the length governments would take to knowingly harm their own citizens as, many, simply exercised their constitutional rights. Seeing these similarly extreme responses in cities across the world paraded not just a dilemma in individual police tactics but also a deeper crisis in the process by which states utilize police in non-criminal matters, which must be addressed to produce long-term reform. When a state transforms social and health crises into criminal justice problems, they provide a legal green light for officers to do what they are trained to do: identify and control a threat, forcing cops to construct the public into the criminals they need to justify the very police behavior citizens protest against while exacerbating the very issues they are employed to resolve. Policing under this current pandemic shows us that these are not just social problems in some communities but have become a global health problem that puts all citizens at risk.

As explained in this chapter, the police are often driven by the “obsessive need to solve a paradox” (for example, see the work of Levi-Strauss 1966) between the officer as an enforcer of the state and a public protector and servant (for example, see the work of Vitale 2018). When making an arrest is the main objective of policing, then the public must be constructed as arrestable; it is *whom* the officer initially *chooses* to focus their attention on that reflects the hidden bias. When a threat is successfully constructed, then “protective violence becomes not simply justifiable, but imperative” (Messerschmidt 2016), even when it may violate constitutional rights or intensify a health crisis. Until community leaders and their citizens comprehensively examine and rewrite the narratives that support these abuses, communities will likely only continue to support solutions that become another part of the ultimate social problem.

So, how can these dangerous police narratives that continue to be socially problematic be rewritten? To see true reform, we cannot work within the existing structure. First, we must evaluate the state's overreliance on police systems to handle its non-criminal problems because what the pandemic has shown us is that using

the police to address health concerns transforms citizens in need to criminals to be confronted. Further, we must connect the reality that our concern for the public's health that is harmed by police brutality and aggressive uses of force that compel people to take to the streets, even during a global pandemic, literally puts them in the crosshairs of a system that only knows how to treat them as enemy combatants, justifying tactics that spread COVID and, hence, continue to put the health of its citizens at risk. While the call to dismantle the police appears to be an effective way to address this problem, it does not recognize how policing is connected to larger state goals and political systems. The larger community and the organizations and institutions that they make up must also be honest about and confront their existing racial biases regarding their citizens. They must also evaluate how limited meanings around masculinity shape the policies and processes of their organizations in ways that can further harm people as, for example, when the culture, objectives, and training of officers align with narrow meanings around masculinity, officers must construct citizens as either worthy or unworthy of assistance but do not see them as equals whose experiences and expertise are valued. Only when we can engage in this intense critical reflection can the community be seen and respected as true social leaders capable of building a community-led police system. Then, community-shared policing goals need to be redefined, which should drive how officers are hired, trained, and promoted to leadership positions. Deconstructing police systems into the people and processes that each part contributes to is crucial to rebuild a more equitable, functioning system. Further, when we situate how systems, such as policing, can impact other systems, such as health care, it is then that we can critically analyze when one response, such as police response to protests, can further harm its people during a global pandemic. By grasping this full-picture approach, we will more effectively and humanely recognize and respond to issues as they arise and better respond to the shared health, social, and criminal standards envisioned by all.

Note

- 1 As of June 3, Minneapolis Police Chief Arradondo has fired all four officers, claiming they were "complicit" in the death of George Floyd (www.cnn.com/2020/06/03/us/george-floyd-officers-charges/index.html).

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7

HOUSING AS HEALTH CARE

Mitigations of homelessness during a pandemic

Kristen Desjarlais-deKlerk

The social determinants of health perspective has long argued that social elements impact health and wellness by enhancing or detracting an individual's health and well-being (Link and Phelan 1995). Housing, as a social determinant of health, has garnered particular attention as governments and policy makers across the Western world have advocated for housing first: an approach that houses individuals before resolving other social issues (Tsemberis, Gulcur, and Nakae 2004).

Housing impacts many other social conditions. Individuals who are inadequately housed have limited access to clean water and healthy nutrition and are exposed to various elements, including inclement weather and street violence (Wenzel et al. 2004; Frankish, Hwang, and Quantz 2005). Despite the evidence, housing first programs have found limited support, and homelessness persists in most of Canada (Padgett et al. 2013), with homeless shelters continuing as predominant community responses to homelessness. Selecting shelter as the predominant response has become particularly problematic during the COVID-19 pandemic.

With health advocates advising all citizens to social distance, leaving two meters (six feet) between individuals, shelters and homeless advocates have had to improvise solutions to prevent mass spread amongst homeless populations. These solutions have varied in scope. Some cities have seconded hotel rooms to accommodate homeless individuals – whether symptomatic or not. Others have opened more shelter space in order to accommodate bodies in a highly institutionalized setting. Others still have spray painted lines in parking lots to show homeless individuals where to sleep. Policy makers that have elected to open more shelter space when hotel rooms were available have garnered critique, and they have defended their choices by citing the prevalence of bed bugs, mental

health disorders, and potential suicidal ideation brought on by loneliness as reasons for their decision.

In this chapter, I will examine some of these responses and the arguments presented by advocates of these responses. The data cited throughout this piece is all publicly available information via social media (specifically Twitter) and news outlets and has allowed me to examine the ways in which homelessness service providers have responded to the problem and the ways in which advocates perceive these responses. In doing so, I take a critical theoretical perspective and examine the ways in which different types of power are reflected in the narratives. Alongside this, I examine the ways in which housing has become a central component of health care alongside social distancing and social isolation.

Methods

To understand the responses to homelessness during COVID-19, I searched mainstream news sites from Canada and focused on reporting around homelessness between March and May 2020. While this does not represent all publications or responses to homelessness during the COVID-19 pandemic, it does demonstrate many of them and provides an important foundation for discussing and considering what homelessness means during a pandemic, the ways in which advocates, providers, and politicians are talking about individuals experiencing homelessness, and the strategies to circumvent any potential outbreaks amid homeless populations. I have also examined publicly available tweets from known homelessness advocates to demonstrate critiques of responses or their inadequacies. In order to facilitate a focused discussion on these data, I have opted to focus on comparing and contrasting the responses to homelessness in Calgary, Toronto, and Vancouver. While I briefly mention other municipalities, my scholarship and expertise has been in Canadian homelessness, and, consequently, this chapter focuses on Canadian cities. Furthermore, before the pandemic, these three cities have aimed to move away from shelter-based solutions to homelessness and towards housing first models (which I will discuss later). Consequently, all are positioned as being in line with a social determinants of health philosophy towards homelessness. This means that they aim to provide housing to those experiencing homelessness, consequently bolstering their health and well-being. Lastly, all are relatively large Canadian cities in very different provinces. Their responses to homeless individuals amid the pandemic were variable and require deconstruction.

There are some obvious limitations to this data. Reporting, while the best source of this kind of public information, can be one-sided and not reflective of individuals' and organizations' genuine perspectives on an issue. Consequently, organizations' responses and explanations may not be wholly accurate and may not reflect issues in their entirety; however, they do demonstrate important types of governance and the risks inherent to homelessness during a public health crisis.

Furthermore, the sample is not representative. The news search focused on large-scale Canadian media sources rather than smaller news outlets, and while I aimed to find all stories about responses to homelessness across these three Canadian cities, it is entirely possible that I missed some.

Homelessness and shelter living

Before describing the responses to homelessness amid COVID-19, it is necessary to examine homelessness and shelters in Canada. There are two key considerations when thinking about homelessness. First, “the homeless” are not a primordial group with unifying characteristics (Canadian Homelessness Research Network 2017). That is, anyone can experience homelessness; it is not limited to people of any particular race/ethnicity, gender, sexuality, or creed, although those in marginalized statuses are more likely to experience it, and the more marginality an individual experiences, the less likely they are to successfully exit homelessness (Slesnick, Zhang, and Brakenhoff 2017). Second, homelessness is not a static status; most people who experience it drift in and out of homelessness throughout their life course (Canadian Homelessness Research Network 2017). Consequently, homelessness is better considered on a continuum. It includes rough sleepers (those that sleep outside without shelter), shelter users (those that dwell in large-scale homeless shelters), the precariously housed (like couch surfers who live on friends’ and relatives’ couches), and the provisionally housed (those currently residing in government-provided housing who could be made homeless through change in government). Each of these statuses exists in a state of ongoing marginality and vulnerability. This chapter predominantly examines those residing in shelters as well as rough sleepers and community and governmental responses to these individuals.

Homeless shelters are remarkably variable, yet their similarities are also striking. Shelters typically employ a warehouse design in which individuals sleep on mats (or cots) on an easy-to-wash cement floor. In most facilities, little space exists between users in order to maximize the number of sleeping spaces available. Many shelters provide men’s and women’s sections in which to sleep, but ultimately garner little privacy between shelter users. Shelters have also been known to use regimented rules that inhibit choice in the environment (Larsen, Poortinga, and Hurdle 2004) and have been called total institutions (DeWard and Moe 2010) because of their often-dictatorial focus on maintaining order. In doing so, many establish rules and routines that limit agency. For example, shelters often have specific hours when shelter users can access beds, food, and sometimes even their own belongings.

That said, shelters exist to protect individuals from the elements and limit the vulnerabilities associated with homelessness. They became particularly important in Canada in the 1960s as a response to homelessness, mostly because inclement weather had rough sleepers freezing outside overnight; the goal of homeless

shelters was to limit such exposure. At the time, other responses were considered enabling and consequently had less political will than warehousing people into shared spaces. Recently, however, shelters have been acknowledged as expensive public health risks (Gaetz 2012), especially as shelter living contributes significantly to addictions, violence, and other physical and mental health issues, all of which are treated in ambulatory care situations, and advocates have argued the adoption of a housing first model.

Housing first sees homeless individuals moved into apartments before addressing other personal issues (Tsemberis, Gulcur, and Nakae 2004). Housing first is consistent with Maslow's hierarchy of needs (Greenwood, Stefancic, and Tsemberis 2013) by providing basic needs before addressing higher-level ones, and suggests that shelter barely satisfies survival needs, thereby limiting individuals' abilities to ever move beyond shelter life. It does this by limiting exposure to others and allowing individuals agency, including when, where, and what to eat, when to sleep, and other basic freedoms.

Responses to COVID-19

While many governments were relatively slow to respond to COVID-19, overwhelmingly citizens in most countries were urged to stay home (Flanagan 2020). Messaging focused on language that urged people they were "safe at home" and were helping healthcare workers by staying home and distant from other people. This was true for much of Canada, where outbreaks were met with shelter-in-place orders (Wu et al. 2020). This created vast complications for those without homes to shelter in and begged for new responses to homelessness (Nanda 2021). Political jurisdiction around homelessness continues to be an avenue of debate, but in Canada, responses to homelessness are primarily local and involve partnerships between municipalities and other levels of government (Gaetz 2010). In some cases, federal jurisdiction applies; however, this chapter focuses on both municipal and provincial responses and rhetoric around homelessness amid COVID-19.

During COVID-19, these responses varied from one locale to the next. In most of Canada, shelters were mandated to distance sleeping spaces (to a minimum of two meters) and help residents practice social distancing through markings on floors. These measures were immediately criticized as insufficient by multiple advocates who insisted that those experiencing homelessness needed the ability to isolate from others and drew attention to empty hotel rooms across municipalities as potential spaces for shelter users and rough sleepers. Some municipalities, such as the City of Toronto, seconded hotel rooms to that end (Casey 2020a; Herhalt 2020), while continuing to maintain their shelter spaces; others, such as the City of Calgary, opted to second other buildings such as churches and events centers to spread shelter beds farther apart (Anderson 2020). And while it is not the focus of this chapter, I think

it is important to note that other cities in the USA and Canada had troubling responses to the pandemic, and Las Vegas opted to shut down their shelters altogether, opting to paint lines on parking lots mandated for homeless individuals to sleep (Dittrich 2020).

Furthermore, despite online narratives to the contrary (predominantly on social media), unsurprisingly considering COVID-19 is a novel virus, homeless individuals do not seem to have immunity to the virus (Schulte 2020). Research on homelessness, alongside discussions about health systems and marginalization in these systems, suggests that outbreaks amongst homeless populations are likely underreported. Despite this presumed underreporting, the US Centers for Disease Control and Prevention conducted a study amongst shelter populations in four cities and found that 25% of the shelter dwellers tested were COVID-19 positive (Mosites et al. 2020), indicating that homeless populations have no special immunity to COVID-19. Any suggestions otherwise only serve to mask the systemic vulnerabilities that COVID-19 has laid bare (Chiang 2021, this volume; Mungo 2021, this volume; Nanda 2021; Porter 2021, this volume; Schulte 2020; Skinta, Sun, and Ryu 2021, this volume).

The variability in pandemic homelessness responses were met with narratives about shelter users, rough sleepers, and illnesses spread amongst homeless populations that labelled those experiencing homeless as problematic potential carriers. But equally important were the ways in which advocates and providers supported, or did not support, these responses. In the following sections, I discuss the responses exercised by Toronto, Calgary, and Vancouver. What I have cited is by no means exhaustive. I have highlighted the responses I think particularly relevant and pertinent to the pandemic; however, there are many cities across Canada that are not documented here.

Toronto

Overcrowding has been a concern for Toronto's shelter system for years, and on a typical night Toronto shelters house roughly 7,000 people (Casey 2020b). Alongside those living in shelters, approximately another 1,715 (according to Toronto's last homeless count in 2018) rough sleep (homelesshub.ca 2019). While shelter overcrowding is a well-identified problem, amid COVID-19, advocates, service providers, nurses, and physicians in Toronto have argued that hotel rooms should be available to those experiencing homelessness to enable social distancing (Casey 2020b). Shelter conditions already described hardly allow distance between individuals while sleeping and could not be sustained by shelter spaces available at the start of the pandemic. By mid-April 2020, the City of Toronto managed to secure 1,200 hotel rooms for shelter users, leaving approximately 5,800 individuals who lived in shelter still requiring shelter; consequently, shelters remained open but had increased sleeping spaces between shelter dwellers (Casey 2020a; Herhalt 2020).

Alongside making some hotel rooms available, Toronto also opened recovery sites for homeless individuals diagnosed with COVID-19 (Pelley 2020), aptly called “COVID hotels” by both workers and shelter residents. Unsurprisingly, critics have argued that these sites, while important to minimize transmission to healthy shelter users, do not provide enough support, and housing is the only long-term health solution for those experiencing homelessness. Since the first COVID-19 case in Canada on January 27, 2020 (Toronto.com 2020), advocates have moved the argument toward the general benefits of housing and specifically into the epidemiological practice of social distance (also known as physical distancing) whereby space reduces infection.

While homeless advocates did not suggest that the city eliminate all shelter beds, a lawsuit was launched against the City of Toronto on April 25 for not offering enough social distancing in shelters (Herhalt 2020; Knope 2020). Advocates sought all avenues to protect shelter residents, and these efforts resulted in more apartments made available to shelter users and rough sleepers. The lawsuit reached a settlement in mid-May, with the city agreeing to physically distance shelter beds in all shelter spaces, provide space to all clients in the system, offer support services to those living in encampments and the shelter system, and regularly report on its progress (CBCNews.ca 2020d). By mid-May, Toronto shelter administration purported to have moved 2,425 people into housing (CBCNews.ca 2020b) and felt that they had achieved physical distancing. Shelter administration did not draw attention to the lawsuit; however, advocates believe rapid action happened because of the lawsuit launched by community stakeholders.

According to officials, the pandemic also increased the number of homeless encampments around Toronto as shelter users sought distancing measures (Casey 2020b). Many rough sleepers living in encampments have stated that shelters are too crowded and see COVID-19 as a reason to risk inclement weather and potential street violence. These encampments have met predictable conflicts with city officials (who cite safety issues, such as fire safety), and police have forcefully taken many down (Casey 2020b).

Provincially, Ontario has experienced the second highest number of case counts in Canada (Shah 2020). And while Toronto has been lauded by some for its response to its homeless population, Rima Berns-McGowan, the critic on poverty and homelessness for the Ontario Legislative Assembly, has argued that shelter dwellers and workers in Ontario are 35% more likely to contract COVID-19 than the general population is (Berns-McGowan 2020). These arguments have been forwarded by advocates and shelter workers alike and demonstrate the vulnerability still experienced by Toronto’s shelter dwellers, despite responses to COVID-19. Housing for shelter dwellers, Berns-McGowan suggests, is the only effective COVID-19 prevention strategy.

Calgary

In response to COVID-19, all of the shelters in Calgary have reduced the number of shelter beds available in each location, with the largest reducing its

shelter beds from 675 to 227 (Anderson 2020; Smith 2020). Shelter overflows have opened in events centers and large churches across the city. According to shelter workers, all shelter dwellers who check in are accommodated at shelters or overflows or are housed in government-supported apartments, but as COVID-19 spreads, much like in Toronto, individuals do not want to stay in shelters and are opting to sleep outside instead (Graveland 2020). While rough sleeping limits an individual's exposure to other people and enhances social distancing, it makes it harder to track potential outbreaks amongst homeless populations and exposes individuals to other potential health risks (such as inclement weather and street violence).

Other alternatives have been proposed to the shelter overflows available. For example, the City of Calgary offered to find hotel rooms for shelter users, but according to CBC News at least one homeless shelter rejected the idea, citing bed bugs and potential property damage to areas surrounding hotels as a risk of such measures (Anderson 2020). Other providers and politicians suggested social isolation itself posed a mental health threat and expressed concerns for potential suicides (Anderson 2020).

Alongside issues of social distancing in shelter, many Calgary-based homeless advocates have highlighted the problems with closing public spaces (Smith 2020). While eliminating public washrooms may seem like a necessary public health measure to those who have housing, it becomes a justice issue for those who experience homelessness, and if shelter policies limit access to the shelter and its services during the day, shelter dwellers may experience more marginalization and increased vulnerability (Smith 2020). In one case, highlighted in CBC News, a man rented office space so he would have a space to stay during the day and access to a washroom (Anderson 2020). Office space in Calgary amid a global pandemic and a downturn in oil and gas is relatively cheap, particularly when compared to apartments. Furthermore, provincial social assistance may provide enough funds to cover an office space but not a down payment on an apartment.

While outbreaks in Calgary shelters have been relatively contained, with the largest one only consisting of eight cases, a single local hotel accommodates those that need to self-isolate (Anderson 2020; CBCNews 2020c). While only one hotel has been seconded to this end, the hotel has not yet reached capacity as of mid-August 2020 – 100 rooms – allocating, thus far, appropriate space for individuals to isolate.

Provincially, Alberta's premier has claimed that homeless individuals have immunity to COVID-19 (Braid 2020). He was not alone in this claim, and many USA news sources have fact checked this multiple times (Schulte 2020) and have called this claim false. Low infection rates amongst Alberta's homeless population have been presented as evidence as to why Alberta is no longer in a public health emergency and should, therefore, lift pandemic-related restrictions (Braid 2020). In this case, the homeless have been highlighted as a reason to reopen Alberta's economy.

Vancouver

While Toronto and Calgary have seen increases in rough sleepers, Vancouver's homelessness and housing minister aimed to close all homeless encampments by May 9 (Little 2020). The province planned to move all camp residents into temporary housing, including both apartment- and hotel-style accommodations, to slow the spread of COVID-19. Some former encampment residents, however, claimed they still had nowhere to go following the dissolution of their camps, and so created a tent city in the port of Vancouver parking lot (Miljure 2020; Steacy and Bernard 2020). The tent city being established at the port of Vancouver almost immediately had an injunction filed against it to force campers to move (Proctor 2020). Like Toronto and Calgary, the City of Vancouver seconded multiple hotels to allow their homeless population to self-isolate. While shelters remained open (CBCNews.ca 2020a), they reportedly have been taking no new intakes, thereby increasing the number of rough sleepers in the Vancouver area (Saltman 2020).

Many Vancouver services and service providers have shut down amidst the pandemic, which has seen movement away from the city's core into its outlying areas, resulting in increases in encampments in the greater Vancouver area (Saltman 2020). Mobile outreach workers have reported finding 80% increases in service populations, most of which, they claim, are related to COVID-19 and shelter dwellers' desires to both distance and self-isolate. Increased worries around distancing have seen many residents shy away from enclosed spaces and move to rough sleeping and camping, albeit outside now-enclosed encampments, making them more difficult to find and count. Furthermore, many meal programs for homeless individuals have ceased, meaning that those experiencing homelessness have fewer nutrition options (Saltman 2020).

COVID-19, homelessness, and risk

The Canadian Public Health Association (n.d.) asserts that politics are an important social determinant of health. The responses to homelessness, reactions, and rhetoric described previously demonstrate the importance of politics in the management of a pandemic and its impact on the health and well-being of some of society's most vulnerable and marginalized individuals. Toronto, where homeless service provision appears to predominantly be the work of the municipality itself, had a relatively robust response, and where it failed, advocates sued for better reactions and responses. Calgary and Vancouver, where permanent shelter and service provision are the work of nonprofit organizations, have had more varied responses and have worked to maintain community relations in ways that suggest donors are as important as those being serviced. Furthermore, reporting on responses was far easier to find for Toronto, somewhat more difficult for Calgary, and even more difficult for Vancouver. This may relate to the public nature of Toronto's service provision

as well as Calgary's former focus on responses and reductions in homelessness and homeless numbers over the last 12 years (CCTEH 2008).

Conclusion

While globally many labs have devoted resources to developing a vaccine for COVID-19, virology experts have emphasized that plagues and pandemics are likely to continue because of global travel, urbanization, and human encroachment into natural spaces. That is, even once COVID-19 becomes less of a concern, global society remains vulnerable to pandemics and widespread illness. This is particularly concerning to those without homes and those who live in inadequate housing.

Research recognizes that resolving homelessness would make communities less vulnerable to both pandemics and plagues. Homeless people live in public spaces generally open to all members of society. This means that when outbreaks occur amongst homeless populations, they have the potential to impact entire communities. Furthermore, with public health advocates and epidemiologists recommending individuals stay home, the importance of housing has never been so stark.

Efforts to eliminate homelessness have had little traction, even when social, health, and economic evidence has demonstrated the importance of housing, yet COVID-19 has exposed the vulnerabilities in systems that continue to marginalize the already vulnerable (Mungo 2021, this volume; Nanda 2021). Homelessness advocates have become louder, and the Canadian Alliance to End Homelessness has started a campaign called "Recovery for All" to bring attention and focus to homelessness as Canada reopens its economy. The campaign commits to funding public housing and eliminating homelessness as part of the country's economic recovery. It is possible that these efforts will be met with a lack of political will, yet thus far it has found support from housing advocates and some members of the business community (recoveryforall.ca).

The idea of providing housing to those experiencing homelessness is not new. Affordable publicly funded housing has been available in Canada since 1935, and new housing intended to reduce homelessness has been created in recent years, yet new builds are inadequate in meeting demands, especially as older units across Canada have fallen into disarray and require massive renovations to make them tenable (Housing Services Corporation 2013). Affordable, safe, public housing bolsters the health and well-being of communities (Gaetz 2012) and limits the transmission of COVID-19. Housing protects all citizens, but only politics and political will can make that level of inclusion and physical protection a reality. While Link and Phelan (1995) posited poverty as a central social determinant of health, I suspect politics may be equally important. COVID-19 has laid bare the vulnerabilities of shelter systems, and responding to the needs of society's most marginalized is imminently important for all of society's health and well-being.

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8

COVID-19 AND REPRODUCTIVE INJUSTICE

The implications of birthing restrictions during a global pandemic

Nazneen Kane

In March 2020, after seven birthing women tested positive for COVID-19 in a single New York hospital, healthcare administrators at two New York hospitals quickly responded by modifying long-standing hospital policies surrounding pre-natal care, labor, and delivery. In two cases, at least 20 healthcare workers were exposed to risk of infection by obstetric patients who presented to the hospital as asymptomatic but developed symptoms during and shortly after delivery (Breslin et al. 2020). With the safety of obstetrical providers and patients in mind, the policy change included prohibiting laboring individuals from being accompanied by a birth support companion, including intimate partners and doulas. To varying degrees, similar policies have spread across healthcare delivery systems throughout the United States.

Yet as restrictions and modifications to reproductive health care spread, so too has resistance to these policies. As over 600,000 New Yorkers petitioned for policy reversal, obstetricians have also demanded access to universal coronavirus testing and personal protective equipment (PPE). Defending their policy stance, obstetricians and hospital administrators argue that coronavirus policies result from lack of PPE and lack of access to universal and rapid COVID-19 testing. They maintain that if parturient women and birth support persons were able to be rapidly tested and if all hospitals had equal access to PPE, these policies would not be necessary (Berghella 2020). In this way, lack of preparation and inaction at the federal level during the early weeks of the COVID-19 pandemic has impacted US women's access to birth justice.

The relationship between the state and reproductive health unfolds differently across the lives and experiences of pregnant and birthing women. Reproductive stratification, a term coined by Colen (1995), refers to the ways in which reproductive health varies by social class, race, public/private insurance, and other dimensions of women's lives. COVID-19 policy modifications exacerbate existent

patterns of reproductive stratification (see Nanda 2021 and Ryan 2021 for broader discussions on inequality and COVID-19) because marginalized women, particularly women of color and those who are reliant upon public insurance, are often less able to navigate newly imposed restrictions. This research uses a *reproductive justice paradigm* to examine obstetric policy in the wake of the COVID-19 pandemic and examines its implications for birthing individuals.

Reproductive justice

Reproductive justice (RJ) is an intersectional theoretical and methodological framework that was first mapped out by an alliance of Black women, including the widely influential scholar and activist Loretta Ross, in 1994. Reproductive justice is guided by three core values – the right to have a child, the right not to have a child, and the right to safe and dignified parenting (Ross and Solinger 2017, 65). Birth justice advocates and scholars further extended this model by focusing specifically on the birthing process, arguing that pregnant individuals have the right to safe and dignified birth and elucidating the disproportionate violence experienced by birthing individuals of color (Oparah 2016). Birth justice highlights the ways in which provider racism drives birth trauma and includes a critique of disproportionate cesarean surgeries, irreversible sterilization, and birth trauma amongst women of color (Oparah 2016).

Safe and dignified birthing, a core component of birth justice, necessitates that all women have access to the full spectrum of reproductive services and supports. The RJ framework understands barriers to these services as a violation of human rights. While COVID-19 birthing policies are being implemented to protect healthcare workers and patients, their design undermines safe labor and delivery for birthing women and their neonates by restricting access to vital components of obstetric care. However, the consequences of these restrictions are not the same for all pregnant and birthing individuals.

The reproductive justice framework provides key tools and an analytic lens for exploring the differential impact of COVID-19 reproductive policies on pregnant and birthing women. The RJ framework allows us to consider that pregnant and birthing individuals who have financial and social resources are able to circumvent restrictions by procuring alternative care that is situated outside traditional delivery systems (see Milkie 2021, this volume, for discussion on the relationship between COVID-19, SES, and parental investments in children). It also requires understanding and exploring how COVID-19-related policy decisions build upon and advance historically segmented forms of race and class inequality in obstetric care. As Ross and Solinger argue, “When politicians, judges, and policy makers make decisions that affect our lives, for example, by enacting or upholding laws that restrict access to various kinds of reproductive health care, they are building on the past” (2017, 5). The history of reproductive injustices illustrates that reproductive policies have always been applied and exercised differently across different groups of

women. Black, Indigenous, and some groups of Hispanic women have the highest rates of maternal morbidity and mortality in the US (Howell 2018); their maternal health outcomes are already in crisis. It is important to examine the implications of COVID-19 birthing restrictions and the ways in which they heighten that crisis.

Birth setting, birth support, and birth services: the impact and implications of COVID-19 birthing restrictions

Fears of contracting coronavirus while birthing, of being separated from a newborn, of being forced to wear a mask while birthing, and of birthing without a support partner are driving expectant women to modify their birth plans (Thayer and Gildner 2020). Additionally, standard obstetric services are changing in response to COVID-19, often without communication between providers and patients (Thayer and Gildner 2020), leaving women without the quality and level of care that they need for optimal birth during a global pandemic. Through an RJ lens, this section examines the impact and implications of institutional responses to the COVID-19 pandemic on birth setting, birth support, and birthing services.

Birth setting

Due to the coronavirus response, demand for out-of-hospital birthing options such as freestanding birth centers and homebirths with certified midwives is surging. Many pregnant individuals are being turned away as nontraditional birthing centers and midwives are unable to meet the growing demand (de Freytas-Tamura 2020). Further, while some birthing individuals are able to opt out of technomedical birthing altogether, most cannot financially access alternative birthing locations and services such as home birth delivery with a certified midwife.

Poor women and women of color have limited access to out-of-hospital birth alternatives for two related reasons. First, in the 1990s when the natural birth movement garnered greater legitimacy, it increasingly marginalized midwives and birth workers of color. The movement also framed birthing choice and birthing rights such as birth setting and provider options as a commodity for purchase, as opposed to a right that should be accessible to all women (Oparah 2016). While this framing was useful for garnering legislative approval, it sidelined groups of women without financial resources as well as the birthing justice concerns of communities of color. Despite the rich history of midwifery in African American, Indigenous, and Latinx communities (Hays 2016), midwifery in these communities continues to be scarce and under-resourced.

The framing of natural birth in the terms of consumer choice also meant that natural birthing was constructed as a luxury commodity for out-of-pocket purchase and not one that should be covered by healthcare insurance (Oparah 2016). Consequently, poor and low-income women, disproportionately women of color,

often do not have the financial resources to cover the expense of obstetric services that sit outside traditional healthcare delivery systems. Public insurance, which covers nearly half of all US births (MACPAC 2020), is particularly limiting, leaving economically oppressed women with the fewest resources for navigating COVID-19 restrictions. In comparison to private insurance holders, Medicaid beneficiaries are limited to a narrow pool of birth settings and providers. While Medicaid coverage is increasingly expanding to cover services rendered at freestanding birth centers, this is not true of all state networks (see Kaiser Family Foundation 2018). Further, because of low reimbursement rates and challenging licensing restrictions, many centers limit Medicaid patients or decline to participate (Courtot et al. 2018). These barriers leave many groups of marginalized women with few birth setting options.

Embodied systemic racial and class discrimination is a second barrier to out-of-hospital birthing. Non-Hispanic Black women, Native Americans, and some groups of Hispanic women have elevated levels of pregnancy-related mortality and morbidity, the common explanation being that these women have elevated rates of chronic illness (Howell 2018). An expanding body of literature demonstrates that these illnesses are embodied manifestations of inequality that are driven by structural racism, including provider racism, experienced by these groups of women (Bridges 2011; Davis 2019).

These embodied manifestations of inequality create the conditions under which disadvantaged women are more likely to have high-risk pregnancies (Holzman et al. 2009), further limiting their care options. Even in hospitals with practicing midwives, women who are categorized as high risk are assigned to obstetricians (Bridges 2011). Midwife teams offer greater flexibility but due to high-demand during the current pandemic are generally only taking low-risk patients with a previous birthing experience. This leaves the most marginalized women to birth in what many pregnant individuals are referring to as “COVID hospitals” (de Freytas-Tamura 2020). Booked birthing centers and the combined fears of obstetric racism and COVID-19 transmission in hospitals is driving many rural Black women to birth unassisted at home (Simpson 2020). Beyond such restrictions to birth setting, perhaps most devastating to birthing individuals are the restrictions limiting continuous birth support persons during labor and delivery.

Birth support

Birthing individuals and their infants have better outcomes when they have access to continuous birth support (Bohren et al. 2017). In US hospitals, continuous care from birth workers is highly exceptional. Consequently, the need for continuous, culturally appropriate support is typically met by a partner or family member and, increasingly, by a doula. Pandemic-related hospital policies place restrictions on, or entirely eliminate, women’s access to continuous care. In many cases, women are required to choose between a doula and a partner.

Research demonstrates that support persons, particularly doulas, improve birth outcomes in hospital settings by minimizing unnecessary medical interventions that place women at greater risk of birthing complications (Gruber, Cupito, and Dobson 2013). Doulas also play an especially vital role in shielding women of color from obstetric racism (Oparah et al. 2018). Obstetric racism, defined by Davis (2019) as the racism experienced by women during maternal healthcare processes, comes in many forms, including “critical lapses in diagnosis, being neglectful, dismissive, or disrespectful; causing pain; and engaging in medical abuse through coercion to perform procedures or performing procedures without consent” (Davis 2019, 562). Doulas can provide a vital buffer between birthing women and providers by supporting mothers in self-advocacy (Oparah et al. 2018; Wint et al. 2019). Benefits to doula-assisted births include a decreased risk of cesarean surgeries and birthing complications, a decrease in reported birth trauma, and greater likelihood of initiating breastfeeding (Gruber, Cupito, and Dobson 2013). Doulas also serve as witnesses for women of color, often the only birth workers to report incidences of obstetric abuse during labor and delivery (Morton et al. 2018).

Doulas can also facilitate improved communication between providers and patients, including lifesaving language translation. According to the COVID-19 and Reproductive Effects (CARE) study, 40% of women reported that their care provider had not communicated with them regarding the impact of COVID-19 on their labor and delivery (Thayer and Gildner 2020). This lack of communication is particularly negatively impactful for non-English-speaking pregnant individuals whose relationships with prenatal caregivers are already strained by culturally inappropriate care and lack of communication (Bridges 2011). Non-English-speaking women often rely upon birth supports with skills as translators, preferably who are also trained in birthing support, to make informed decisions about their care.

Black women and Indigenous women, who have the highest rates of maternal mortality in the United States, are especially at risk when vital reproductive supports are denied. They are disproportionately poor and most likely to report adverse experiences with medical providers. In this way, Black mothers are most likely to benefit from birth support persons such as doulas and from the postpartum visits that are often bundled into doula services (Hays 2016). Banning women from doula support during deliveries comes at a particularly inopportune time – when several states have expanded Medicaid to cover doula services and when birth justice activism has led to a rise in demand and support for midwives and doulas of color (Silliman et al. 2016).

Birth services

While pregnancy is not a medical condition, access to quality prenatal care is critical. Quality prenatal care that is culturally appropriate and that involves positive relationships with providers can offer maternal support, reassurance, and practical advice and reduce the risk of maternal and infant mortality (Oparah et al. 2018).

Particularly for those individuals with higher-risk pregnancies, prenatal care can save the lives of mothers and babies. Pre-eclampsia, eclampsia, and gestational diabetes are all potentially life-threatening health conditions that are identified and treated through prenatal care (Oparah et al. 2018). Despite these known benefits, many practitioners are reducing, modifying, and cancelling prenatal services due to risk of disease transmission. In-person maternity tours, birthing and maternal education classes, support groups, and in-person prenatal visits are being cancelled, particularly in COVID-19 hotspots. While COVID-19 presents a need for providers to offer alternative delivery approaches, it is important to think through the implications of such alternatives for different groups of pregnant individuals.

The loss of prenatal services is particularly disadvantageous for pregnant individuals of color, who already face structural barriers to accessing and persisting with prenatal care. Rural women, women of color, Medicaid beneficiaries, and women who do not speak English are particularly prone to disruptions in care because they overwhelmingly experience subpar prenatal care, culturally irrelevant care, and obstetric racism and/or disrespectful care (Bridges 2011; Oparah et al. 2018). Further disruptions to their prenatal care due to COVID-19 puts these groups of women and their fetuses at particular disadvantage, especially for those women in their third trimester.

In addition to reducing prenatal visits, many practices are digitizing prenatal care by using internet technologies. The rise of telemedicine and telephonic appointments for prenatal care minimizes risk of disease transmission but disadvantages pregnant individuals without electronic devices and/or who live in rural areas or otherwise go without access to reliant high-speed internet. In most states, Medicaid does not cover telemedicine services for prenatal care, leaving beneficiaries outside the scope of telehealth services (Weigel, Frederiksen, and Ranji 2020). In conjunction with telemedicine, many practitioners are asking pregnant women to self-monitor their health.

Vital measures such as blood pressure, fetal heartbeat, and maternal glucose levels are increasingly being assessed by pregnant individuals at home. Despite that self-monitoring enables obstetricians to continue profiting and practicing under the pandemic, the cost of devices such as blood pressure cuffs and fetal monitors are most often passed along to pregnant women, as not all private insurance plans cover these devices for pregnancy. Further, only some states report temporary flexibilities that include Medicaid coverage for these devices (Goligoski 2020). With maternal mortality rates as high as they are in the US, the slow response of states to the rapidly changing nature of prenatal care under COVID-19 is alarming.

Many women are also reporting interruptions to postpartum maternal care. Hospital restrictions are the most stringent, with a host of media stories detailing the experiences of COVID-19-positive women having forced inductions and cesareans, birthing by cesarean alone, and/or being separated from their newborn infants (Carmon 2020; Mitchell et al. 2020). This practice of separation persists despite the recommendation of the World Health Organization to keep COVID-19-positive

mothers and infants in close contact (WHO 2020) and despite that separation may not prevent infection and disrupts both newborn physiology and immune protection via breastfeeding (Stuebe 2020). Some hospitals are separating mothers and newborns until COVID-19 tests return with negative results, also against WHO recommendations. Ironically, women birthing in public hospitals are often those who need the most support but where policies are likely to be the most oppositional to birth justice and where reproductive resources are most lacking.

Conclusion

By centering the birthing experiences of marginalized women, RJ scholars and birth justice activists have and continue to work to improve birthing conditions for all pregnant and birthing individuals. Pandemic policies that restrict birth support persons and birth services undermine this work and are particularly harmful to publicly insured women, women of color, and economically oppressed groups of women who have the fewest options for quality obstetric care, leaving them at higher risk of birth trauma, disease transmission, obstetric violence, and even death. While states such as New York have responded to these challenges by creating a maternal health task force to identify and create midwife-led birth centers and by rapidly expanding Medicaid to cover a wider range of birth options (New York State 2020), this is the exception. While the delivery of obstetric services should necessarily change amidst a dangerous pandemic, services should not suffer due to lack of resources and federal government undersight.

The United States is already facing a maternal mortality crisis manifested by high rates of maternal mortality and morbidity. Rescinding services and supports for birthing individuals due to lack of PPE and access to virus testing only heightens this crisis. COVID-19 has resulted in an array of economic, emotional, and mental health stressors, all of which can negatively impact pregnancy. A pandemic is not the time to strip birthing rights from women – it is a time to intensify efforts to ensure that reproductive justice is being achieved safely and intentionally.

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9

WHEN SPORTS STOOD STILL

COVID-19 and the lost season

Donna J. Barbie, John C. Lamothe, and Steven Master

It was a typically vibrant, electric scene inside Chesapeake Energy Arena on the evening of March 11, 2020. The Oklahoma City Thunder and Utah Jazz, talented young teams in the thick of the NBA's Western Conference playoff race, were seconds away from tip-off. Starters had been introduced. And as players stretched and "Zombie Nation" blared over the speakers, a packed arena began turning its attention to mid-court for a tip-off that never tipped off.

Moments earlier, team medical personnel learned that Jazz center Rudy Gobert had tested positive for COVID-19, setting off a bizarre chain of events for fans inside the arena. It took another 90 minutes for the fans to understand the magnitude of the moment.

At 8:30 p.m. that evening, the National Basketball Association (NBA) made the startling announcement that it was suspending its season indefinitely. A season approaching its crescendo was frozen in time. And so, ultimately, was the sports world as we knew it, a once-unthinkable shock to a country in the early stages of an equally unthinkable pandemic.

For many sports fans, the seriousness of the COVID-19 pandemic did not fully register until this day. The NBA was the first major sports league to announce the indefinite suspension of play, though the signs of a shutdown had arrived even earlier that day. Hours earlier, the NBA's Golden State Warriors announced they were closing home games to fans due to a California ban on gatherings of 1,000 or more. The National Hockey League's (NHL) Columbus Blue Jackets made a similar declaration at the same time. For college sports fans, the news was equally grim. The NCAA announced that March Madness, the NCAA basketball tournament, would be played without fans.

Even that was wishful thinking.

In reality, it was all done. Within 24 hours, the NHL had put its season on hold, Major League Soccer (MLS) had suspended its campaign, and March Madness was

canceled . . . not postponed; canceled. And on it went. In short order, fans would learn that, for the foreseeable future, they would be without major sports leagues, high school sports, and everything in between.

No Masters. No Wimbledon. No Kentucky Derby. Even the Olympic Games, scheduled for summer 2020 in Tokyo, were called off.

In the grand scheme of things, of course, the suspension of sports hardly registers as tragic when compared to the lives lost, economic hardships, and social upheaval caused by COVID-19. For much of the world's population, the pandemic has been the most significant global tragedy in their lifetimes.

Yet the absence of sports is notable in that they have historically served an important function during tragedy. They both distract us from our troubles and unify us in our resolve. Monday Night Football returning to New Orleans a year after Hurricane Katrina, President Bush throwing out the first pitch in Yankee Stadium after 9/11, the first Boston Bruins game after the Boston Marathon Bombings: these emotional events were all marked as both catharsis for our pain and as a return to some sense of normalcy. Franklin D. Roosevelt knew this when, following Pearl Harbor, he convinced baseball commissioner Kenesaw Landis to keep the sport going to distract citizens from the war. "But even sports can't get us through this," veteran sports journalist Rick Reilly (2020) wrote in a March 20 *Atlantic* article, noting that he missed sports so much he'd "give my left pinkie toe just to cuddle up with a cold beer and the Valero Texas Open golf tournament."

Although sports cannot distract or unite us through this particular tragedy, their suspension during the summer of 2020 presents an opportunity to examine their importance in our culture. It offers a chance to observe how deeply, if at all, we feel the loss, how we manage to cope and work around it, what we are finding to fill the void, and how this unprecedented event might change sports, or how we view them and their place in our lives.

The significance of play

With all the suffering and chaos brought on by the pandemic, why is the loss of sports worthy of analysis? Dutch historian Johan Huizinga (1955) begins to answer that question in his seminal work, *Homo Ludens*, which translates to *Man, the Player*. As Huizinga argues, play is an essential element of culture, "more than a mere physiological phenomenon or a psychological reflex" (1). He notes that "Play is distinct from 'ordinary' life," enacted in "temporary worlds within the ordinary world" (4). Reinforcing Huizinga's notion, French sociologist Roger Caillois (1961) writes in *Man, Play and Games* that play is "essentially a separate occupation, carefully isolated from the rest of life" (4). Sports fans understand and relish that separation. As Tyler Spence (2010) writes in *Bleacher Report*,

for us fans, sports is our escape . . . our pain killer. When we are having a bad day or have our mind on stuff . . . , it seems we forget about it after watching our team, or reading up on mock drafts or rumors.

Many sports fans, especially the most fanatical ones, show a “super abundant vital energy” (Huizinga 1955, 1) in this isolated, “consecrated space” (4). They don giant wedges of orange foam “cheese” and scream at the top of their lungs. They paint their faces and chant. Even when removed from the immediacy of the competition by television screens, fans experience exhilaration and despair, sometimes swearing and throwing pizza crusts when disgusted with the official or exasperated by poor play. People who do not count themselves as fans might say all of this is excessive. It is only a game, after all. Fandom, however, is not about logic or reasoning but emotion, and often too much of it. Ardent sports fans eagerly hop on the roller coaster.

A long-time student of sports fandom, psychologist Daniel Wann developed the Sport Spectator Identification Scale (SSIS), an instrument that measures the intensity of a person’s involvement with one or more sports. According to Wann et al. (2001), “highly identified” fans establish and maintain significant emotional responses for a variety of reasons, including the need for affiliation, enjoyment of the game’s aesthetic, desire for entertainment, and thirst for eustress (30). Often referred to as “positive stress,” eustress produces excitement and arousal that the average person may seldom experience in ordinary life.

The SSIS measures, among other aspects of sports identity, the significance that fans place on physiological and psychological stimulation while watching a competition. They found that male participants relish greater suspense because of the resulting higher levels of eustress (Wann et al. 2001, 46). Another study concluded that fans achieve the most gratification when their team wins and they can engage in “BIRGing,” or “basking in the reflected glory” of their team or player (Van Leeuwen, Quick, and Daniel 2002, 100). Even before the pandemic, Rachel Anne Williams (2019) noted the significance of escape and emotion when watching sports,

On its face, the world is a pretty grim place. At the same time the world is falling apart, sports fans everywhere take joy in their teams winning and wallow in their losing, investing a tremendous amount of emotional energy into sports.

Williams had no idea that the “world falling apart” could extend to a sudden sports stoppage in 2020.

Coping with loss

So, what happens to fans when that roller coaster disappears? When asked what impact COVID-19 could have on sports fans, Wann said,

Fandom assists in our need to belong, our need for uniqueness and our meaning in life. . . . You’re taking away an activity that helps people meet

overall general basic psychological needs. . . . It matters to people in deep, profound, and impactful ways.

(Greever 2020)

In 2020, sports fans worldwide, who would normally achieve a sense of belonging by watching and following a particular sport, team, or athlete, are finding they are instead unified in their profound sense of loss.

Katy, a college student-athlete from south Florida, went home for spring break in March and never returned to campus. Her heartbreak of losing her playing season was only deepened by the loss of something so deeply woven into the fabric of her life. “Normally sports is the only thing on in my living room,” she said. “In summers, we switch back and forth between different baseball games.” She sheepishly admitted that her family tuned to professional wrestling for its “sports time,” but anticipated feeling the loss more acutely in April when baseball’s opening day passed with empty stadiums nationwide. “I am beside myself that I won’t be able to go to a Marlins game any time soon,” she said.

Similarly, Gregory, a 50-something financial services professional in Boca Raton, Florida, claimed the breadth of the pause in sports impacted him the most. He said he could have handled the cancellation of one or two sports/events, but having it all disappear deprived him of some of the great joys and traditions in his life. He noted this was the first time in 34 years he did not attend a spring training game, which he described as an “extreme loss . . . an actual void.”

Many fans have turned to online sports forums to air their pain among community members who are feeling the same loss. Users on Sportsjournalists.com share a passion for sports media but, more generally, sports. Several concurrent threads on the site laid bare the impact that freezing of sports had on some of the more passionate fans. While many reported not missing sports as much as they thought they would, others shared a deep sense of loss. “I have to say, now more than ever, I wish I could watch a goddamn baseball game today,” user Bigpern 23 wrote on April 4. “I understand the sadness,” 3_Octave_Fart wrote on April 14. “I miss baseball so much it makes my heart hurt.”

Roberta, a college athlete studying in the United States but from Croatia, returned home when her university switched to all online classes after the coronavirus outbreak. Sports were shut down in Europe as well, yet even in the absence of live games, Croatians managed to find joy in revisiting recent triumphs. Roberta reported that Croatian television reran the national men’s soccer team’s improbable run to the World Cup finals in 2018. “In the place where I live, all the neighbors went out on their balconies and cheered,” Roberta reported. Franco, another international student studying in the US, reported a similar experience when he returned to his home country of Argentina. The networks began rebroadcasting the 2014 World Cup where Argentina advanced to the final, and Franco watched the entire run. Although he enjoyed reminiscing in his country’s previous accomplishments, he said he longed for other aspects of live sporting events: “I’ve missed

the post-game talks with my family and friends, as well as the culture that surrounds it, the passion and dedication to the team as if it was your own country.”

Although sports would begin to return – shadows of their former selves – by the middle of the summer, fans scrambled to replace the loss. Activities that six months earlier would have seemed unthinkable became the nourishment for a ravenous sports fandom.

Filling the void

Before the COVID-19 pandemic, watching live sports consumed a significant portion of the average sports fan’s time. Whether watching a two-hour soccer match or a four-day golf tournament, or any combination in between, sitting on the couch with eyes glued to the television required an investment of time not much less demanding than what a sports fan would spend on sleeping, working, or eating during the week. When the lights went out in stadiums, tracks, courses, and other sporting venues around the globe, sports fans were left with a void that needed to be filled. Veteran sports columnist Thomas Boswell (2020) mused in *The Washington Post*,

Not much about a pandemic is instructive. But how we use our time in its wake, where we invest our passion – even if we just change the tilt of our heads a few degrees in the way we see the world – will be an education to us.

Wann said it is very possible that many lowly identified sports fans may move away from sports during the pandemic, using their newfound time for other things, and he feels that believing they will all come back when sports resume is a faulty assumption (Schaerlaeckens 2020). However, most experts agree that moderate and highly identified fans have little interest in replacing that time with something other than sports. Andrew Billings, executive director of the Sports Communication program at the University of Alabama, claims that fans see “sports fandom as the epitome of what society is missing [during the pandemic]: a common shared kinship and interaction” (Schaerlaeckens 2020). Sports fans, therefore, have attempted primarily to replace the time they typically spend on live sports with other (albeit, far less satisfying) sports viewing.

Probably the most common replacement, especially in the spring and early summer, was watching sports events that were being rebroadcast. Marian, a 92-year-old woman who lives in a care center in Bismarck, North Dakota, is an avid golf fan. In December 2019, she spent nearly two hours recording the names and locations of the 2019–20 tournaments into her new calendar. Needless to say, that little exercise went for naught. Starting in March 2020, Marian was entirely “locked down” in her room, no visitors, and only occasional conversations with staff members. She has not felt an acute sense of loss of sports, nonetheless, because she was able to watch tournament replays. As she says, “It’s OK because I don’t remember who won.”

The same memory lapses cannot be reported of Chris, a sports fanatic who typically watches just about any sport. He knows the names of all the basketball, soccer, and football players and has such a sharp eye that he can make the calls even before the official throws the flag or pulls the card. He was bereft when sports stopped. Like Marian, he resorted to watching years-old competitions, all of the commentaries he could find, and stayed up late into the night to watch the first virtual NFL draft. These strategies helped him cope.

In the absence of sports, Michael watched all five of Duke's NCAA men's championship games as well as the classic Duke–Kentucky 1992 Elite Eight game. “I tried watching some of those ESPN competition shows, like the ultimate dodgeball and the ridiculous cannonball diving or whatever the heck it was called. I was amused for 5–10 minutes, then gave up,” he said, adding that watching replays of old games can be enjoyable but no replacement for a “real, live” competition where the outcome is unknown.

Another popular diversion during the months of April and May was the ten-part documentary about Michael Jordan titled *The Last Dance*, which garnered huge ratings and sparked conversations within mainstream media, not just sports outlets. Chris eagerly tuned into every episode, as well as the many commentaries afterward, and Evan, a recent college graduate, reveled in the series, claiming it “satisfied me in a different way than live sports do.” Despite the documentary's depth and quality, it is interesting to speculate whether it would have captivated so many if it had been released prior to the pandemic when there were still live sports.

Events beyond the mainstream sports – most of which typically would have been relegated to 3:00 a.m. timeslots – have found their way into primetime programming as sports networks struggle to fill the absence of live sports. ESPN started airing old Classic Tetris Championships, Cherry-Pit Spitting Competitions, and the World Axe-Throwing League (Good 2020). They even showed the 51st National Stone Skipping Competition in a 9:30 a.m. timeslot. Sportsjournalists.com user Bitteryoungmatador2 noted that a three-day challenge of professional pool players was drawing 3,000 viewers a day on Facebook Live. However, he, like others, relied on more traditional ways of filling the void. He wrote he was “having so much fun watching old sports again that I really don't need new ones.” Noting that he had watched Game 6 of the 1979 World Series, followed by the final round of the 1997 Masters, he cited the comfort of nostalgia. “We all get to be little kids again,” he wrote.

Even many veteran sports journalists fed their desire for sports with previously recorded events they most likely had previously watched live. Boswell admitted that he viewed highlights and games from the 1978 baseball season, as well as PGA events from 2019. But not everyone had a desire to rewatch old events. Joe Gisondi, a 20-year veteran sports reporter and author of *Field Guide to Covering Sports*, said he had absolutely no interest in watching events where he could know the outcome. “I don't go back and watch the classics. Yeah, I don't care,” he said. For Gisondi, watching old games would just remind him of what he is not watching: live sports. “If I were watching it, the whole time I would be thinking, ‘Why

am I not watching the Yankees or Angels or anybody else?” and Gisoni does not want the reminder.

Some fans even see the sports stoppage as a potential blessing as it might force the sports industry to reimagine itself. For these fans, the perceived purity of sports has eroded over the years, as corporate greed and rapid expansion in the ESPN age has sterilized the industry, to some degree, and priced out the middle class from attending events in person. Due to these factors, Sportsjournalist.com user Alma (2020) wrote, “not having sports for a while is actually kind of refreshing.” Another user, Azrael, agreed, sort of, noting, “It was past time for a huge sports culture/sports industrial complex reset . . . And this is almost the only way imaginable we’d ever get it. We’ve certainly lost sight of what’s important in and around sports. Mostly because of money.” However, Azrael went on argue that sports will survive this reckoning, as they always have, because of their deep roots in our culture. Poignantly, he wrote, “Sports – not only the games, but the telling of the story of those games – are an important part of our humanity. And have been for thousands of years.”

Feeding the need to gamble

Although many turned to watching old, classic games and oddball events during the pause of sports, other sports fans turned their attention to an unlikely venue, the stock market. With sports shut down, avid sports gamblers needed an outlet to replicate the adrenaline rush of having a financial stake in the outcome of a game or, in the case of fantasy sports, performances of individual athletes.

Sports gambling has existed for generations yet has seen massive growth in the US in recent years as states have loosened restrictions and fantasy-sports sites such as Draft Kings and FanDuel have come online. As a testament to the growth of sports betting in general and pay-to-play fantasy sports specifically, Draft Kings went public with its initial public offering in April – oddly enough during the heart of the pandemic – and saw its stock price double in two months. At a 2019 investors’ event sponsored by Morgan Stanley, experts predicted the sports betting industry could bring in \$8 billion in revenue by 2025 (Associated Press 2019).

Betting on a sporting event, and fantasy sports especially, has proven extremely valuable to the sports leagues in generating interest and viewership. Though fandom literature points to the personal stake loyal fans have for their teams, having a financial stake – “skin in the game” – can be equally powerful. When sports paused, so did the adrenaline rush for sports gamblers and fantasy sports players. And many, it seemed, turned to day trading in the stock market, a controversial and potentially perilous activity that provided the closest thing to that buzz provided by sports betting. A May 22 headline in *Barron’s* read, “Day Trading Has Replaced Sports Betting as America’s Pastime” (Forsyth 2020). A June 14 *New York Times* article featured a teacher from suburban Philadelphia who withdrew all of his funds from his sports-book accounts and “turned to one of the last places in town for reliable action –

the stock market” (Phillips 2020). The exchanges had been driven into bear-market territory by the shutdown of the economy and, for many, the drop represented an opportunity to make a quick buck on drastically oversold stocks. In fact, some credited sports gamblers who turned to sports betting using stock-trading platforms like Robinhood as, in part, responsible for the market’s comeback. Many day traders with their federal stimulus or unemployment checks. *The Times* quoted one strategist at a brokerage firm as having “zero doubt” the conversion of sports bettors to stocks played a role in the market turnaround (Phillips 2020). Others were doubtful but admitted it could have played a role in making particular stocks move, such as Robinhood favorites Go-Pro, American Airlines and Carnival Cruise Lines (Brokamp, Frankel, and Southwick 2020).

The most high-profile symbol of this shift from sports betting to day trading was David Portnoy (2020), multi-millionaire president of the “raunchy, irreverently juvenile and wildly popular sports and gambling web site, Barstool Sports.” With no more sports/sports gambling to cover, he started live streaming his stock trading during the last hour of the trading day, attracting a half-million viewers (Brokamp, Frankel, and Southwick 2020). Portnoy drew the attention of the financial news media for the massive amount of money he was day trading (which amounted to only a small fraction of overall wealth), his influence over his fans (many of whom followed his lead into day trading), and his bluster. He criticized legendary investor Warren Buffett as “washed up” (Langlois 2020) and proclaimed he was “just printing money” (he was not; at one point he was down almost \$700,000) and tweeted “stocks only go up” (Portnoy 2020). “I like betting in sports,” he told *Business Insider*. “Sports ended, and this was something I could do during the day” (Flanagan 2020).

Games resume . . . without the fans

In late May and early June 2020, roughly two months after sports stood still due to the global pandemic, some events started to trickle back. In the US, it began with the sports that seem the most ideal for making a transition to the new normal: NASCAR racing and PGA golf. Both sports are held outdoors and in situations where the athletes can easily maintain distance from their fellow competitors. Internationally, all eyes turned toward sports leagues not typically in the limelight, such as the South Korean Baseball (KBO) league, and several regional or country-specific soccer leagues, such as the Bundesliga in Germany and the Danish Superliga in Denmark.

As sports hesitantly started to resume, one thing was glaringly absent – the fans.

In order to prevent the virus’s spread, sporting events were held in empty stadiums, tracks, and courses. If COVID-19 has no other long-term impact on sports, it exposed the vital role that fans play in creating the modern sporting event. Those in the sports community and even sports scholars have long acknowledged the effect that fans have on athletic performance. The oft-cited “home field advantage”

has been shown in numerous studies to be more than simple superstition, and athletes often praise the fans after a team has a particularly stellar performance. During COVID-19, the athletes recognized and acknowledged the fans' absence. In a sport where the athletes cannot possibly hear the crowds over the roar of their engines, NASCAR driver Kevin Harvick emerged victorious from his car immediately upon winning the first event back after the COVID-19 pause and said, "I didn't think it was going to be that much different, and then we win a race, and it is dead silent out here, so we miss the fans" (Associated Press 2020).

However, COVID-19 brought attention to the impact that fans and crowds have on how we experience sports. Just as games were starting back, Gisondi expressed his concerns that an event without fans would feel inauthentic:

As much as I'd like to think it's going to be "Wow, this is normal," I think it's going to be a situation where I'm constantly reminded during the game that no one is there. If I'm listening to a baseball game, there's that hum of the crowd that you can hear over the TV. You can hear it on the radio. You can see the people in the stands. Think about all the shots of the stands in a normal game that they just won't have anymore. So it's going to feel a little vacant. I'm still going to embrace it, and I'm sure that I'll watch it, but I wonder how much I'm going to feel like things are abnormal instead of normal when I'm watching it.

Gisondi's concerns appeared justified as sports leagues scrambled to adjust to a sporting environment without fans. The world of professional soccer is an interesting case study in the evolution that occurred in broadcasts during the restart. South Korean soccer was one of the first leagues to start back, and they did so with *nearly* empty stadiums. One club, FC Seoul, attempted to add some more "life" to the stands with the addition of mannequins. Much to their dismay, media outlets revealed that the mannequins were actually sex dolls, and the club was slapped with a record fine (Garger 2020). When Germany's Bundesliga started back in mid-May, it did so with most of the stadium seats covered and broadcasters using a variety of tighter-angle shots to avoid showing the stands as much as possible. The problem, however, was with the audio, not the visuals. Chris was looking forward to "real sports," but when he witnessed the reopening of the Bundesliga that was being broadcast in the US, his enthusiasm waned considerably. He watched for a few minutes, but then said, "You can hear everything, grunts and the coaches yelling." He added, "There is no energy. It is too much like when I used to practice. I hate it." He turned the channel, something he would never have done prior to the pandemic.

As the games went on, Bundesliga began using artificial crowd noise, a mix of sounds recorded from the two teams' previous matches. They even began pumping the sounds into the stadiums. The Danish Superliga experimented with a virtual zone to give fans a stadium-like experience (Lee 2020). They allowed up to 10,000

fans to register for a Zoom meeting, even letting them to choose their “seats” when they signed up and organizing the fans into meeting rooms based on where they were “sitting.” However, audio was still problematic as there was a delay between the live actions on the field and when fans were able to react.

When the English Premier League (considered by many to be the world’s foremost soccer league) restarted in June 2020, it adopted many of the techniques attempted by other leagues, including the artificial crowd noise. They did not broadcast the sounds into the stadium, but fans could tune into their favorite teams and hear the team-specific chants and songs they would normally hear when watching or attending a live event. The soundtracks were created from audio shared by EA Sports, which has a database of 1,300 tracks they use within the FIFA soccer game series (Hudson 2020). Of course, when the camera would happen to show the empty stadium, the suspension of disbelief could be shattered, but for many fans, hearing a more realistic sporting event was reassuring. According to Bundesliga fan Hunter Fauci, “Anything is better than hearing the echoes around a quiet stadium. Silence would make a lot of fans depressed” (The Daily James 2020). In an opinion article for *USA Today*, author Nate Scott (2020) claimed,

Yes, it can feel a bit uncanny to hear crowd noise and then look up and see empty seats. But soccer is a game that relies on atmosphere as much as anything. Your eyes are on the field for the most part, so you don’t notice the disparity much. With the chants, it *feels* like a soccer game.

However, fans have been somewhat divided over the artificial sounds. Many have expressed their disgust, and networks now are offering ways for fans to tune in without the added noise. The National Football League (NFL) has expressed interest in using artificial crowd noise if fans are not able to attend games when the season begins in the fall, but famed Hall of Fame coach and commentator John Madden has urged against it (Kerr 2020). Instead, Madden believes broadcasters should attempt to capture the sounds from the field – players, coaches, etc. – which is the soundtrack he became accustomed to during his coaching career.

Dr. Glenn Cummins, a professor at Texas Tech University who studied the effects of crowd noise on our perceptions of sporting events, claims that social cues from audio, including artificial crowd noise, make watching the event more enjoyable. “We pay so much attention to camera shots and replays and slow motions, but I think sound and crowd noise is such a big part of how we perceive and respond to the competition,” he said while being interviewed on “Hawksbee and Jacobs,” a UK sports radio program (ttu_comc 2020). Because COVID-19 has brought the importance of crowd noise more to our attention, Cummins feels that sports broadcasts in the future will allow fans to have more say in what sounds they hear. “We’ve got to remember that [sports fans] are not just a homogenous unit. . . . I think we’re eventually going to enter a day and age where people are going to be able to create their own custom-tailored broadcasts,” he said.

The next chapter in sports

As Azrael argues, “Sports are no more or less meaningless than art or music or poetry. In a utilitarian sense, they might be *useless*, but we fill them with meaning and derive meaning from them” (2020). These testimonies show us that sports are indeed significant to many people. They also serve to remind us how far off we are from the halcyon days of sports, from the physiological and psychology highs and lows we feel as sports fans. Only months ago, we could watch one of hundreds of sports channels that broadcast nearly 24/7, all year long. We could debate with our friends, over bottles of beer, whether Michael Jordan is the greatest of all time. Most of all, we could go to arenas and stadiums without worrying about catching a life-threatening disease. Williams envisions a utopian life where “we would be playing games . . . focusing on the simple pleasures of athleticism and fandom.” A self-proclaimed sports fanatic, she asserts, “Sports is both an escape from reality and an attempt to create a new reality, a reality of pure joy” (2020).

Will we experience that pure joy again? Must we find eustress in other ways, or might we have to settle for less intense stimulations? During the summer of 2020, no one could say for certain, but we can hope.

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PART II

Communal consequences and cultural adaptations



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10

THE POLITICAL NIGHTMARE OF THE PLAGUE

The ironic resistance of anti-quarantine protesters

James K. Meeker

On January 5, 2020, the World Health Organization (2020a) published a report outlining an outbreak of pneumonia of unknown origin occurring in Wuhan City, China. Within three weeks, cases of this new disease were being reported in Japan, Thailand, the Republic of Korea, and the United States (Wallach and Myers 2020). This new pathogen, genetically related to the 2003 SARS virus, was designated as coronavirus disease, COVID-19 (World Health Organization 2020b). Despite early identification of the pandemic, COVID-19 spread globally due to its high rates of transmission between persons, reaching 90% of all countries within four months of the initial outbreak (Badr et al. 2020).

Due to the imminent threat of COVID-19, the United States launched a Coronavirus Task Force in late January of 2020 (Wallach and Myers 2020). In spite of its urgency, the development of testing kits and other preparations for combatting COVID-19 in the United States was delayed by more than a month due to disorganization and lack of political priority, preventing health officials from containing and localizing outbreaks (Shear et al. 2020). On March 9, 2020, President Trump downplayed the dangers presented by COVID-19, tweeting

last year 37,000 Americans died from the common Flu. It averages between 27,000 and 70,000 per year. Nothing is shut down, life & the economy go on. At this moment there are 546 confirmed cases of CoronaVirus [sic], with 22 deaths. Think about that!¹

Just four days later, however, the White House (2020) issued a proclamation declaring COVID-19 a national emergency, authorizing state and local governments to take preventive quarantine measures to address the pandemic.

Initially, nine states issued quarantine and shelter-in-place orders to slow the spread of COVID-19: Ohio, Illinois, Washington, Oregon, California, Louisiana,

New York, Connecticut, and New Jersey. By the end of March a total of 30 states were under stay-at-home orders (Mervosh, Lu, and Swales 2020). While the specific orders varied state by state, social distancing guidelines advised persons to avoid congregations of people, to wear protective masks while in public, to remain at home except for essential tasks such as grocery shopping, the closure of public facilities such as restaurants and bars, and the temporary closure of all nonessential businesses. The anticipated shock to the United States economy due to quarantine measures was predicted to have catastrophic short- and long-term impact, so much so that Trump stated that he would “love” to have the economy restarted within a month, “by Easter” (Forgey et al. 2020).

In order to address the economic impact of quarantine orders, on March 27, 2020, the CARES Act (Senate Bill 3548) was signed into law providing immediate and short-term economic relief, expanded unemployment benefits, and relief for businesses and corporations, as well as appropriating funding to hospitals and healthcare facilities. Although criticized for its focus on protecting shareholder wealth rather than preserving jobs, the expanded unemployment provisions within the CARES Act has prevented nearly 12 million families from sinking into poverty due to job loss or underemployment (Parolin, Curran, and Wimer 2020). Relief provided by the CARES Act has been more problematic, however, for small businesses required to close due to quarantine orders, as many owners are without a source of income until their federal assistance is disbursed, a process that has been, unfortunately, delayed by several months (Pofeldt 2020).

The anti-quarantine protest begins

While measures had been taken under the CARES Act to address the economic uncertainty and hardship faced by the public due to COVID-19, national protests against quarantine orders began almost immediately for the purpose of “liberating” their states (Burnett and Slodysko 2020). In contrast to the earlier declaration of national emergency authorizing quarantine provisions, President Trump agreed with the protesters, tweeting on April 17 that his supporters must “LIBERATE MICHIGAN!”² and “LIBERATE VIRGINIA!”³ In Texas, the *You Can’t Close America* rally was held to “protest the authoritarian lockdown orders being imposed by petty tyrants at the local level” (Jenney 2020). The Michigan state capitol was surrounded by hundreds of anti-quarantine protesters, as were the capitols of North Carolina, Kentucky, Ohio, Oregon, New York, and California (Bogel-Burroughs and Peters 2020). In Washington, an early epicenter of COVID-19, more than 2,500 protesters rallied at the capitol in Olympia decrying the restrictions; in Arizona and Colorado protesters created traffic gridlocks surrounding government buildings; and in Illinois one protester, armed with a semi-automatic rifle, ominously stated that Governor Pritzker must “Re-open the state or we will re-open it ourselves” (BBC News 2020).

Groups protesting the quarantine are varied but tend to be aligned with political conservatism or anti-science movements. Based on attendance, individuals joining

the protests are an eclectic mix of anti-government extremists, White supremacists, guns rights advocates, New World Order conspiracy theorists, QAnon followers, Trump supporters, evangelical Christians, alternative medicine gurus and anti-vaccination advocacy groups, anti-globalists, and anti-government militias (BBC News 2020; Bogel-Burroughs and Peters 2020; Burnett and Slodysko 2020; Jenney 2020). A number of anti-science groups, ranging from climate shift denial to anti-vaccination, have also joined the protests (Conrow 2020). Much of the organization and funding for these groups has originated from a network of conservative political action groups such as FreedomWorks, the Tea Party Patriots, the right-wing Save Our Country coalition, and the newly formed, Trump-aligned Reopen America Political Action Committee (Vogel, Rutenberg, and Lerer 2020). Online organization for these protests were largely arranged by far-right extremists who set up Facebook pages for dozens of individual states and amassed more than 200,000 followers within a few weeks (Zadrozny and Collins 2020).

Rationales provided by the anti-quarantine protesters range from denying the existence of the disease – that COVID-19 is actually the more common strain of influenza, minimizing the danger of the virus, to resisting governmental authority to issue quarantine orders, to saying that social distancing guidelines and mask requirements infringe upon their individual choice and civil liberties (BBC News 2020; Jenney 2020). A majority of protesters espoused conspiratorial beliefs about COVID-19 such as that the disease was caused, or amplified, by 5G wireless networks (Duffy 2020), the virus was a human-made biological weapon (Brewster 2020), the disease is a result of consuming genetically modified crops (GMOs), the virus is a hoax perpetuated by pharmaceutical companies, or the pandemic was created by the so-called deep state to undermine President Trump's administration (Lynas 2020). Despite differences in the degree of their beliefs, there is a general agreement among protesters defining quarantine measures as a new, coercive abuse of government power that infringes civil liberties, lacks scientific basis, needlessly damages the economy, and, worrisomely, may be connected to a larger, conspiratorial plot.

Quarantine, governmentality, and the formation of the modern state

Despite protesters' claims, the use of quarantine to contain disease is not an unprecedented or new development. In the United States, quarantine measures were employed in response to the 1918 Spanish influenza outbreak with varying degrees of success. Based on examination of that pandemic, researchers at the National Institutes of Health (2007) concluded that rapid, early quarantine restrictions were vital for containing the disease. Quantitative analysis of mortality rates during the Spanish influenza pandemic indicated that quarantine measures, such as closing nonessential businesses, limiting public gatherings, restricting travel, and mandating mask wearing was linked to a 50% decrease in mortality (Hatchett, Mecher, and Lipsitch 2007). Quarantines have been the standard state response to disease

throughout the history of the United States, from 17th-century enforcements of bills of health to prevent diseases coming from overseas, the forced isolation of tuberculosis patients to combat the “Great White Plague” of the 18th century, to containment measures employed to limit the spread of the 2003 SARS outbreak (Gensini, Yacoub, and Conti 2004).

Historically, given the degree of social complexity and adaption required to implement and manage quarantines, authorities’ responses to plagues may have assisted in creating the modern state. To illustrate this point, Foucault (1975) observes that quarantine measures were employed to contain the plagues in the 14th through 18th centuries, creating intricate networks of social controls and observations to manage the population. Travel was restricted during the plague years and persons were confined to their residences, only being allowed to move individually under the direction of specially appointed guards known as syndics (Foucault 1975). Inspection of persons, looking for signs of the plague, became commonplace. Individuals exhibiting symptoms of the plague were socially isolated, restricted to remain in their residence and not to come into contact with others. Complex systems to safely allocate food and water, provide medical care, dispose of infected bodies, and maintain commerce were developed. These quarantine methods, directed by the state and sovereign, were successful at slowing, containing, and stopping the plague.

While quarantine methods ultimately proved successful for ending the plague, the new techniques of population management and control innovated during this time period forever altered the relationship between social organization and power in European governance. Foucault (1975, 198) argues the development of quarantine measures gave birth to the “political dream” of the plague, consisting of state-administered populations that are “traversed throughout with hierarchy, surveillance, observation, writing” resulting in the “utopia of the perfectly governed city.” In other words, the methods used to combat the plague revealed a previously unimagined way to administer society based on judicious use of state agents, efficient rationality, precise calculability, and constant surveillance and measurement of its population. Foucault (1975, 1978) observes this new *governmentality* (literally a portmanteau of *government* and *rationality*), based on efficiency, calculability, predictability, and surveillance, emerged as the preeminent practice and end-in-itself of modern statecraft for managing its population. In other words, Foucault (1975) argues, plagues represented a challenge that had to be overcome by government-directed measures, fostering the development of the rational techniques ultimately leading to the creation of the modern democratic state.

Complementing its rational foundations, governmentality requires public recognition of state authority to manage the population. Individuals are responsible for regulating their own behavior in compliance with the rational policies of the state (Foucault 1978). In simple terms, governmentality is a social contract between the state and citizens to participate in the management of society for the mutual benefit of both parties. As a rational process, governmentality utilizes clearly defined

rules and systematic procedures and employs qualified experts in order to identify, classify, order, and control aspects of the population to maximize the prosperity, health, and happiness of the citizenry. As rational actors, the population is expected to exercise self-discipline by adhering to state policies, as those decrees are ideally designed to increase their prosperity and well-being. In keeping with the principles of governmentality, in instances where there is disagreement between segments of the population and the state, there are prescribed procedures for challenging, altering, or changing the rules such as the right to protest, town hall meetings, lobbying, and other democratic processes.

Since the Industrial Revolution and the emergence of democracy, the principles of governmentality became normal practices for population management, edging out all other types of governance. It makes sense that governmentality would become the dominant form of state management in the modern age. First, governmentality, with its focus on using rational means to maximize gains and minimize losses, is efficacious in achieving societal goals. Second, the participatory nature of governmentality reflects the rights-based values that have spread globally during the modern age. Due to its rational foundation, governmentality has been critiqued for its hyper-focus on efficiency, placing means and ends above persons (Foucault 1978), its tendency towards obsessive bureaucratization (Weber 1922), its potentially depersonalizing and dehumanizing features (Fromm 1973), and the creation of an environment of risk aversion and anxiety (Beck 1992). Despite these critiques, governmentality and its rational, empirical, and scientific underpinnings remain the dominant form of state management, particularly among Western democracies such as the United States.

The motivation of quarantine protesters: anti-governance and anti-rationality

Given the rational basis of governmentality, it is unsurprising that the response to the initial outbreaks of COVID-19 in the United States was to implement quarantine measures to reduce the impact of the disease. In spite of the overwhelming scientific evidence supporting quarantine to combat the spread of COVID-19, quarantine protesters resist any effort to maintain social distance, reduce public contact, restrict nonessential travel, temporarily close nonessential businesses, and require the wearing of protective masks. Although quarantine orders have always been resisted or defied by a small minority of the population due to their inconvenience (National Institutes of Health 2007), contemporary resistance to COVID-19 quarantine measures is unique in the annals of modern public health.

The current protests are unique because, unlike past resistance to quarantine efforts, they are driven by a mass rejection of the principles of modern, democratic governance. When examined thematically, the reasons provided by anti-quarantine protesters represent a total rebuke of the two core tenets of governmentality: (a) recognition of the authority of the state to govern and (b) the use of rational

processes to manage populations. First, protesters resist the authority of the state to govern as well as refuse their responsibility to self-discipline their behavior according to quarantine mandates. Second, the protesters refute the medical and scientific rationality underlying the mandate to quarantine to halt the spread of disease. Ultimately, anti-quarantine protesters issue a challenge to the authority of the state, whose role of managing populations includes public health crises such as COVID-19. These protests additionally discount the legitimacy of scientific rationality, whose role is to guide the state in implementing healthcare policy and responses that are empirical, logical, and efficient.

There is ample evidence of anti-governance themes present among these protesters. An anti-quarantine organization, Operation Gridlock Tennessee, issued the following statement: “the pandemic should not give any government body the right to mandate that we close our businesses and order us to ‘shelter in place’” (Hernandez 2020). A spokesperson for Reopen Maryland stated, “the government mandating healthy citizens to stay home, forcing businesses and churches to close, is called tyranny!” (Gabbatt 2020). Representatives of Pennsylvanians Against Excessive Quarantine claim, “Politicians are on a power trip, controlling our lives, destroying our businesses, passing laws behind the cover of darkness and forcing us to hand over our freedoms” (Hernandez 2020). When asked about the stay-at-home orders issued by Ohio’s Governor Mike DeWine, Melissa Ackison complains that quarantine measures are a government overreach that “enrages something inside of you” (Burnett and Slodysko 2020). At the You Can’t Close America Rally in Texas, one protester stated, “By the blood of Jesus may we break every deception of the government that is trying to stop us from our freedom” (Tilove 2020). Protests at the Michigan capitol in Lansing included cries of “lock her [Governor Whitmer] up!” and “Heil Witmer [sic],” referring to the governor’s decision to enact stay-at-home orders (Allsop 2020). One Florida protester, screaming at a public health board of physicians for requiring masks to be worn in public, openly stated that the doctors would be “arrested and tried for crimes against humanity” (CNN 2020).

Anti-scientific themes are as common as anti-government messages among protesters, prompting Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, to declare that there is “a general anti-science, anti-authority, anti-vaccine” attitude among “an alarming percentage” of Americans (Cohen 2020). Anti-vaccine groups, displaying signs stating: “I do not consent [to being vaccinated]” are commonplace at anti-quarantine protests nationwide (Conrow 2020). At the You Can’t Close America protest, crowds of supporters chanted “Fire Fauci,” referring to the United States’ most visible public health official (Relman 2020). Protest signs, promoting a new conspiracy theory claiming COVID-19 vaccines are being developed to introduce biological surveillance technologies secretly among the public, read, “Bill Gates can keep his poison – I’m homeschooled! No mandatory vaccines!” (Relman 2020). In a Florida town hall meeting discussing quarantine measures, protesters read prepared statements with comments that included claims that wearing masks is “literally killing people” (CNN 2020). Another protester questioned the expertise of the physicians

and public health officials, saying that she has: “many question marks about your degrees and what you really know. I’m sorry, but I don’t think you are worthy of your credentials and I would ask suggestively that you go back to school and get educated” (CNN 2020).

The rise of postmodernism and anti-rationality

While it is relatively easy to locate examples of anti-rationality and anti-governance among quarantine protesters, explaining *how* these beliefs emerged within modern society presents more of a challenge. Compared to a modernist epistemology, anti-quarantine protesters inhabit a different intellectual culture with their own brand of facts and logic *not* based on empiricism, rationalism, or evidence, instead investing in a type of “post-truth” reality. Clearly, given the recent attention to the problems of the so-called post-truth era, *something* in society has changed regarding the manner in which truth or falsehood, fact or fiction, and real or unreal are established. These new epistemological processes are markedly different from the rational processes underlying governmentality that previously monopolized social discourse as recently as a decade ago.

Although the ramifications of the post-truth age are currently being identified, scholars studying culture and society had anticipated that establishing meaning, and therefore truth, would become increasingly fractured due to technological progress. Jean-François Lyotard, in his influential work *The Postmodern Condition* (1979), argued the increase in communications and information technology posed a threat to the epistemological process modern society used to construct meaning, knowledge, and understanding. This meta-narrative, Lyotard (1979) explained, was built on an epistemological basis of rationality and science, forming the basis of modern society and underlying its increasingly sophisticated technological growth. Once these technologies, particularly in media creation and distribution, became sufficiently widespread, it would prove difficult to maintain a consensual societal narrative.

Lyotard predicted these new, postmodern societies would be fundamentally dissimilar to modernism. Unlike modern societies with its singular meta-narrative of scientific rationalism, future societies would be atomized into *many* smaller, competing narratives, each with its own standards and practices for constructing meaning and truth. These emerging *postmodern* societies would, as a matter of practice, dispense with rationality in varying degrees. Although Lyotard (1979) critiqued scientific rationality for overstating its own objectivity, it still served as a central organizing principle, enabling actors within the modern age to reach consensus, or to at least agree upon a reasonable process in which discussion could be established. In contrast, the postmodern era will lack any epistemological center owing to the constellation of competing worldviews, meanings, histories, and discourse. Consequently, in the postmodern world there is disagreement about facts and meaning, but also entirely contradictory ways to establish what is factual as well as what those facts mean.

These epistemological divisions are a source of concern, but perhaps more worrisome is the rejection of the previously established meta-narrative that defined modernism. Lyotard (1979) warned the postmodern age would be characterized by an innate distrust of meta-narratives. Prior meta-narratives governing the modern world, such as the ideals of capitalism, socialism, science, and reason, are now viewed with doubt and disbelief. On one hand, the rejection of meta-narratives is understandable: Neither capitalism nor socialism has fulfilled their utopian promises of material security; rationality, when pushed to its extremes, becomes dehumanizing; and the technological progress of science has resulted in devastating environmental and social consequences (Best 1994; Jameson 1991). On the other hand, the loss of an agreed upon way to construct meaning and engage in discourse suggests a permanent loss of social consensus, and therefore solidarity, in the coming postmodern world (Giddens 1991; Harvey 1990).

Today, the wholesale repudiation of meta-narratives is evident. Generally, attempts to refer to meta-narratives, particularly ones grounded in rationality, are being met with increasing resistance. This phenomenon is unmistakable when interacting with groups who have abandoned modernist meta-narratives in lieu of a postmodern narrative of their own construction. It is through this process that media becomes “fake news” as it presents a mainstream presentation of events, expertise is viewed with skepticism as it represents the consensus of the scientific community, and government officials are treated with mistrust if they are understood as an “establishment” candidate because they use rational policies (Best 1994; Keen 2007). Outside of the institutions founded on rationality, such as the university, medical, and scientific community, reference to the rational scientific meta-narrative are met with incredulity, animus, and suspicion. Overwhelmingly, the meta-narrative of scientific rationality has been abandoned, forming an essential foundation for the spread of anti-rationality among the general public.

Opposing rationality: plague and the rise of postmodern politics

While postmodern epistemologies have increased overall, it is perhaps most apparent in the differing societal and ideological reactions to COVID-19, of which quarantine protests are merely the most visible. A recent Pew Research poll suggests that 30% of Americans believe that COVID-19 was created in a laboratory, despite scientific experts at the Centers for Disease Control and World Health Organization indicating otherwise (Schaeffer 2020). On social media, new conspiracy theories are developing at such an alarming rate that both Facebook and Twitter have developed new policies to label or remove false and misleading user posts (Wong 2020). Perhaps most worrisome is a report suggesting that fewer than half of Americans intend to become vaccinated against COVID-19 when treatments become available (Cornwall 2020).

While postmodern frames have become prevalent in the general population, political ideology is suggested to be a salient factor for their increase. A recent Quinnipiac (2020) poll indicated that nearly 60% of Republican voters were not concerned about personally contracting COVID-19 versus two-thirds of Democratic voters who worried that they or someone they knew would be infected. Only 55% of Republicans agreed that people should shelter in place until doctors and health officials declared it safe, versus 88% of Democrats (Smith and Kahn 2020). Concerning wearing personal protective equipment such as masks, only 52% of Republicans support wearing masks in public versus 86% of Democrats (Pew Research Center 2020). On June 25, 2020, while COVID-19 cases were increasing nationally, 61% of Republicans believed that the worst of the pandemic was over, whereas only 23% of Democrats agreed (Pew Research Center 2020). Clearly, given the content and themes of anti-quarantine protesters, there is an association between postmodern rejections of governance and rationality and conservative politics. This makes sense given the importance of climate denial movements, anti-vaccination activism, and anti-government organizations to contemporary conservative politics.

While there is a partisan lean towards believing in COVID-19 conspiracy theories, specifically that political conservatism is associated with increased skepticism towards scientific consensus on the disease, perhaps more troubling is that anti-science attitudes were more prevalent among young persons than older (Schaeffer 2020). This makes sense if there is any truth to the Lyotard's critique of technology, as younger persons are more likely to use social media and technology in general. Preliminary investigations suggest there is a link between levels of social media usage and belief in conspiracy theories, providing evidence that the growth of communications and media technologies contributes to the post-truth, post-modern fracturing of social reality, particularly among conservatives (Easton 2020). These findings are consistent with studies linking consumption of new media with irrational, postmodern perspectives (Rotaru, Nitulescu, and Cristian 2020). This trend suggests, regardless of ideology, that postmodern and anti-rational beliefs will continue to rise, forming the epistemological basis of a new type of society hitherto unrealized. These developments imply the formation of a new model of governance, an epistemological anti-rationality, built upon ideology and authoritarian will, as a potential rival against modern rationalized systems of governance.

The political nightmare of the plague

The postmodern framework undergirding quarantine protests implies increasing challenges for managing public healthcare systems. Given the growth of anti-rational and anti-governmental frameworks in recent decades, these difficulties are likely to increase in frequency and strength of resistance. As a consequence of these developments, a disturbing series of questions emerge: *How do officials efficiently and effectively manage public health care in a climate of increasing anti-rationality and political*

resistance to governmentality? What would a postmodern healthcare system look like? How does a healthcare system built on whatever narrative happens to be in power, rather than empirical, scientific, and medical rationality, work? What will be the effect on the health and welfare of the population under regimes that are hostile to rationality, knowledge, and expertise? Can rationality and anti-rationality be balanced within a single system, or will public health care simply vanish along with other social programs like entitlements that once defined the modern state? Sadly, there are no immediate answers to these questions.

Based on the nature of disease, however, some possible answers can be surmised. Disease, as a natural process, is unconcerned with the beliefs or politics of its hosts. Pathogens require neither acknowledgement nor consent from their hosts in order to do their damage. Its only motivation is to infect, to debilitate, and, in the case of COVID-19, to kill. The pitiless reality of disease is, oddly, the greatest admonition to the anti-rationality of quarantine protesters.

This is further compounded by the recognition that the purpose of the state is to manage a population, regardless of its fundamental epistemological beliefs. A state that ignores the ravages of a pandemic is, in time, doomed to failure. Accordingly, it seems fair to assume that, at some point, even the most anti-rational state actors will have to implement quarantine measures in order to preserve their own power. In this fashion, quarantine protesters motivated by anti-governance beliefs, by ignoring social distancing recommendations and gathering en masse in protest, risk being *ironically* undermined by their own practices that are assured to increase the spread of COVID-19 and, eventually, require stricter government-mandated quarantine measures. Considering the reversal Vice President Pence and leading members of the Republican Party have undergone regarding mask usage, now advising the public to take precautionary measures against COVID-19, it seems there are limits to the extent reality can be ignored by those entrusted with managing the population of the United States (Bosman 2020). The current administration, however, will certainly face difficulty if they choose to enforce new quarantine measures, as those restrictions will contradict the informal, yet significant, support from Trump for protesters to violate stay-at-home and social distancing orders.

Whether protesters will accept quarantine measures or not, even by a conservative administration with their support, is unknown. Given the anti-rational and anti-governance motivations of the protesters, it is unlikely they will comply with quarantine orders, even if endorsed by President Trump. The most likely outcome is that quarantine protesters would look for more extreme political candidates or movements that share their postmodern beliefs. Given the reluctance of political regimes to simply surrender their supporters, and thus power, it is uncertain how the Trump administration would simultaneously implement quarantine measures *and* retain their following.

While it is evident that society is inexorably moving towards postmodern frames of reference, the transition from modernism is incomplete. A majority of Americans support quarantine measures and the scientific consensus concerning COVID-19 (Pew Research Center 2020; Quinnipiac 2020). With that being said,

the quarantine protests are still indicative of a worrisome political development. It is tempting to consider the rejection of modernity to be a product of American conservatism that began with the election of Donald Trump. It is also easy to attribute the rejection of science and quarantine among protesters as being a result of President Trump's dismissive attitude towards COVID-19. These thoughts, while comforting, fail to acknowledge the decades-long trends in global society towards anti-governmentality in general. Furthermore, these observations ignore the COVID-19 quarantine protest movements in the United Kingdom, Canada, France, Germany, Italy, Poland, Russia, and China. In short, postmodernity has truly become international.

Ultimately, the true political nightmare of the plague is the likelihood that modernism will fall victim to COVID-19. Nearly half a century ago, Foucault theorized that the modern state was born from the need to control disease through rational means, using a combination of science, participatory governance, and self-regulation of behavior to serve the common good. That system, even with its contradictions, faults, and omissions, built the modern world. Science, medicine, public health, and the democratic secular state are all products of modernism. It seems sadly poetic that modernism, built from the need to contain disease, is in danger of being eclipsed by a postmodernist system incapable and unwilling to do the same. Clearly, if there is anything to be learned from this pandemic, it is that rational civil society must be defended against the coming storm of anti-governmentality.

Notes

- 1 Donald Trump, Twitter post, March 9, 2020, 10:47 a.m.
- 2 Donald Trump, Twitter post, April 17, 2020, 11:22 a.m.
- 3 Donald Trump, Twitter post, April 17, 2020, 11:25 a.m.

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11

TOXIC WILD WEST SYNDROME

Individual rights vs. community needs

Dinur Blum, Stacy L. Smith, and Adam G. Sanford

May 9, 2020. A tall, broad-shouldered White man with a military-style haircut under his ball cap pulls cash from his pocket to pay for his Subway sandwich during a protest in Raleigh, North Carolina. He wears dark colored cargo pants, a sleeveless red-and-white striped shirt with blue trim, and an AT4 rocket launcher slung across his back. At his sides: dual western-style leather shoulder holsters, one of which holds a revolver. A tattoo on the back of his arm reads "Eagle Scout Dad." Like any good Scout, he comes prepared – to shoot 'em up and blow 'em up.

On the sidewalk outside, a 60-something White man with a receding hairline and long, salt-and-pepper hair tied back in a bun, pauses, unsmiling, to take a selfie. He appears to be standing with an 84-lb M2 Browning .50 caliber machine gun slung casually over his right shoulder. An American flag waves colorfully from the barrel. The "gun," however, is fake, a poorly fashioned wooden replica. At his hip, he carries what one may assume are real weapons: a pistol, and across his back, an AR-15.

(Long 2020)

Across the United States in the spring of 2020, Americans watched in a mixture of horror and skepticism as the novel coronavirus traversed the ocean and landed on the east and west coasts. In the following weeks, skepticism slowly faded and states began implementing social controls: closing nonessential businesses and facilities and asking the population to self-isolate, wear masks when outside their homes, and observe social distancing. Unemployment rates skyrocketed to record levels and the economy slowed as businesses shuttered (Cohen and Hsu 2020). Stimulus checks and increased unemployment benefits from the federal government did little to calm the public's fears and inflamed others who prize free trade and small government as core American values. Public response to the health crisis, therefore, was mixed. For example, the Lake of the Ozarks area in Missouri achieved

national notoriety as images of partiers flocking to a crowded swimming pool/bar went viral (Vera 2020). In just over three weeks, 37 partygoers tested positive for coronavirus, with one dead (Hiles 2020).

Public reactions to the public health restrictions imposed due to the COVID-19 pandemic have exposed issues related to social control and how it does, or does not, work in the United States. Social control – the society exerting control over the populace through a system of norms and values – is based on the effect of the community on individual behavior (Durkheim 1951). The community offers people both integration – a sense of belonging – and regulation – a sense of acceptable and unacceptable behavior. Each community has to find an appropriate balance in terms of integration and regulation of its members, or it runs the risk of suicide or other forms of deviant behavior.

Related to social control, Durkheim's (1951) concepts of anomie and egoism help explain the public response to COVID, from fear to recklessness. Anomie refers to a situation in which social regulation has broken down into normlessness, and old ways of acting fail. The unexpected situation means that people struggle to find rules that work in order to maintain some sense of order and control over their lives. The COVID pandemic has made certain prosocial behaviors dangerous, including large gatherings and baring one's face in public due to the way the virus spreads through droplets in the air. Everyday norms of behavior must be suspended and replaced in order to adapt to a rapidly shifting public health situation. Egoism can be an effect of anomie; it refers to a lack of belonging and a heightened sense of isolation. An anomic society lacks community regulation, whereas in an egoistic society, individuals seek independence instead of interdependence, valuing the self over society. If anomie is a lack of regulation by a community, egoism is a lack of integration into a community.

In response to the anomie created by the pandemic, a significant and highly visible and audible minority of American citizens chose the path of egoism, opting to jeopardize public health by gathering in large crowds to protest measures intended to slow the spread of the virus. Typically (though not exclusively) gathering at state capitol buildings in April and May, they loudly protested gubernatorial measures to protect the health of their citizenry, long before health officials recommended weakening those efforts. These protestors appear to demonstrate the rise in nationalism and resurgence of neoconservative ideologies as described by Ryan (2021). Protestors in Michigan and Wisconsin made national news for deliberate and aggressive displays of weaponized strength, verbal aggression, and signage. These protestors presented themselves as local members of a grassroots movement; individuals with a vested interest in their state and local economies, speaking to their elected officials. Significant evidence suggests, however, that these protests are *not* grassroots movements, but Astroturf movements. Astroturf movements are designed to appear organic but are in fact funded by various politically conservative sources (Derysh 2020).¹ Although many of the protestors

likely were locals, some of them are not the concerned citizens they portray themselves to be; instead, they are essentially paid crisis actors.² A BBC article in April 2020 explains:

The organizers behind these protests have largely been conservative, pro-Trump and pro-gun activists. Signs calling for freedom over tyranny have also been staples of these protests. Governors have been likened to kings or dictators. “Give me liberty or give me death,” a quote harkening back to the American Revolution, has also been a popular mantra.

(BBC News 2020)

As Emma Grey Ellis’s (2020) *Wired* article notes, although the online support for these movements exceeded a million followers, “in real life, the protests were small, sparse, and few,” as well as unpopular, even among conservatives. Ellis (2020) also provides context for how these movements were funded:

Wealthy funders are absolutely guiding and stoking the frustrations of the people breaking quarantine and turning out in the streets, but those frustrations were pre-existing. . . . The Covid-19 pandemic is nothing if not peculiar, and that has made these demonstrations extra noisy. It is vitally important not to be falsely equivalent here: Most Americans will never shrug off social-distancing guidelines and take to the streets . . . [P]ublic opinion is not the goal, as protesters are laser-focused on moving legislators. [These] events are just a modern permutation of an identity crisis with roots very deep in America’s individualist history.

(Ellis 2020)

Although the movement appears to be organic, large, and spontaneous, it is a performance, designed to intimidate politicians into easing quarantine restrictions.

Goffman (1956) argues that every interaction between humans constitutes a performance, during which individuals carefully manage their behavior according to specific roles. These roles are governed by scripts that indicate how to speak, costumes or props for how a person presents themselves, and the need for an audience, whether that audience is passive or actively engaged and interactive. Actors manage their self-presentation and alter how they portray themselves, based on their audience and social setting. To ensure the seamless functioning of society, the audience expects, and assumes, that a person’s portrayal honestly conveys who they are. The protestors are well aware that their protests grab headlines locally, nationally, and internationally. Those directly funding these protests therefore remain out of sight, and out-of-state protestors mingle, indistinguishable, with local actors. A protest organized by the wealthy elite and spiked with non-local actors does not convey the impression of grassroots outrage to frighten legislators into appeasing local voters.

These protests, which participants assembled during a public health crisis at the risk of their own lives and the lives of their loved ones, do seem to stem from – as Ellis wrote – “an identity crisis with roots very deep in America’s individualist history” (Ellis 2020). We submit that these protests can be seen as an example of what we call *Toxic Wild West Syndrome* (TWWS): a combination of (1) a hyper-individualistic emphasis on personal rights and preferences, disguised as the public good, but without any real consideration for the broader community, and (2) toxic masculinity (the combination of aggrieved masculinity with a *conscious, intentional*, and *exaggerated* performance of masculine behaviors with the implied use of violence in order to achieve goals).

TWWS is performative; the empty but overt and aggressive expression of internalized ideals combined with a demand to be heard and deemed important while ignoring or flouting science, including medicine (Howard and Stracqualursi 2020; Meeker 2021). TWWS flourishes in the culture of the United States. Anti-quarantine protestors actively work to portray themselves as champions of freedom while threatening others and showing a wanton, reckless disregard for public health. This chapter combines Goffman’s concepts of impression management and framing with Durkheim’s anomie to show how Toxic Wild West Syndrome is revealed through the performance of these protestors.

Toxic Wild West Syndrome: origins

We derived the term “Toxic Wild West Syndrome” from the early portrayals of heroes in Classic Western and Spaghetti Western movies and television shows (Kokino 2009). In both genres, the hero is a stoic, unemotional White man, always in control of himself and especially of a chaotic or violent situation. In these movies, there is a clearly defined villain, and the hero of the movie is portrayed as strong when he successfully captures or kills the villain, drawing adulation. The hero does not rely on the help of others, preferring to work alone in his heroic endeavors. Strength is portrayed through violence, a lack of visible emotion, and extreme self-reliance. The main difference between these two types of Western movies lies in the hero’s acceptable uses of violence.

The themes of gratuitous violence from Spaghetti Westerns, combined with the intended portrayal of stoic heroism from Classic Westerns, can help us understand the anti-quarantine protestors. However, their threats of violence make them appear more like the protagonists in Spaghetti Westerns, using violence arbitrarily, capriciously, and wantonly, regardless of how appropriate or inappropriate it is for the present situation.

Hyper-individualism

From the Westerns to daily life in the United States, individualism and self-reliance are core to achieving the “American Dream.” Individualism is a set of beliefs that

economic success comes from one's own hard work (Callero 2017). Individualism holds that private life is more important than public life, with the goal of self-determination; a person can freely choose what they want to do, unencumbered by other people's decisions.

These beliefs, however, are not sustained by reality. A person depends on social groups, such as one's family, friends, classmates, neighbors, and co-workers. Individuals belong to different groups throughout their lifetime, conforming to each group's standards and rules of behavior. Belonging requires at least minimal adherence to these rules, which limits an individual's independence, while enhancing interdependence between members.

Among the protestors, individualism and nationalism have become conflated: Many view public health measures as violations of constitutional rights to assembly and respond by loudly and openly asserting the right to freedom of speech and to bear arms. The quarantine protestors frame quarantine as an unjust power grab by a tyrannical government, rather than an attempt to halt an ongoing health crisis. This framing leads to protestors attempting to convey an image of individual personal strength, bravery, independence, and patriotism. Protestors show these qualities by waving American and other flags, putting these flags on signs and clothes, and brandishing visible weapons, up to and including rocket launchers (Long 2020).

Knowing these weapons attract media attention, protestors keep cameras rolling by answering reporters' questions angrily and carrying signs comparing mask wearing to the Holocaust, abortion, and transatlantic slavery, while simultaneously calling quarantine and mask wearing "governmental overreach" designed to stifle individual freedom. This portrays people in favor of a public health quarantine as weak, as well as indifferent to economic consequences. For example, a protestor in Salt Lake City, Utah, was photographed by KUTV News with a sign saying "I need a haircut," while a protestor in Tennessee held a sign reading "Sacrifice the Weak, Reopen TN" (Serie 2012). Protestors in Michigan held signs reading "Heil Witmer" with the Iron Cross of Nazi Germany, voicing their displeasure with the governor (Stanley-Becker and Romm 2020). Mistakenly claiming, as some have, that they have a "right" to a haircut reveals a desire for normalcy and status: Being consumers allows them to feel like contributing members to society, while simultaneously giving them a sense of status and power (it's someone *else* cutting their hair). They feel like their status and power in society comes not from cooperating with others to suppress the spread of the virus, but from their ability to demand that others work in ways that benefit them.

In addition to being seen as an infringement on citizens' rights, some protestors see mask wearing as a challenge to American values (Mello's chapter in this volume focuses on the change in value in how people broadly view mask wearing, shifting from personal protection to community protection [Mello 2021]). However, for the protestors, the mask is a stigmatizing mark, because it is something "other" (meaning non-American) cultures do (Mello 2021). Mask wearing is unfamiliar: both frightening and an intrusion on the way of life protestors have been

accustomed to. Because of the pandemic, mask wearing has shifted from foreign to normalized, and this sudden shift in values (a form of anomie; see discussion of Durkheim) leads to frustration and anger. These protests can in part be understood as a form of “stubborn stability” (Sanford, Blum, and Smith 2021), the need or desire for a stable environment despite rapidly shifting social conditions, and in part what Turner labels “modern theodicies of rage” (Turner 2021).

Rather than recognizing our interdependence, this group understands the idea of “survival of the fittest” as Spencer (1966, 313) did: to mean that only the physically strongest should survive, rather than as Darwin intended: species survival (the collective) is ensured by adapting to environmental changes. Instead, they see hyper-individualism as the only possible outcome (for more information on the isolation this view causes, see MacArthur 2021). These expressions of hyper-individualism leave protestors appearing to onlookers not as heroic, but as loud, selfish, and angrily inconvenienced by a pandemic that, as of mid-August 2020, has resulted in more than 165,000 confirmed dead in the United States alone, and is approaching three-quarters of a million confirmed deaths worldwide.

Masculinity and violence

While there are women protesting for reopening the economy, most of the highly visible and audible protestors have been men. Gender has long been understood as a set of behaviors individuals are socialized into performing, often unconsciously (West and Zimmerman 1987). Research on masculinity connects it with pride and physical strength, suggesting that humiliation is synonymous with emasculation: “[H]umiliate someone and you take away his manhood. For many men, humiliation must be avenged, or you cease to be a man” (Kalish and Kimmel 2010). For example, in a study conducted by Consalvo (2003), teenage mass shooters felt that their manhood had been compromised due to humiliation or feelings of powerlessness. They reinforced their dominant masculine identity by engaging in violent behavior. Masculinity can also be equated with ego (Consalvo 2003; Kalish and Kimmel 2010). A blow to the ego can be reversed by performing masculinity in a certain manner, usually involving violence. Crime offers a way of performing masculinity because it is considered risky and daring, characteristics that are associated with masculinity.

Aggrieved masculinity (Kimmel 2017) – feeling entitled but not receiving what is expected or wanted – is a recipe for humiliation and sets the foundation for toxic masculinity. However, toxic masculinity is more than gendered entitlement. We argue that toxic masculinity is the combination of aggrieved masculinity with a *conscious, intentional, and exaggerated* performance of stereotypical masculine behaviors. It is a performance rooted in anger, frustration, and entitlement, designed to restore a person’s status as strong and masculine. It is designed to convince the audience that the actor is indeed strong and brave and should be at least feared, if not respected. It is also a way for powerless men to assert a form of

power over other people, whether that is physical or symbolic (Levin and Madfis 2009; Rocque 2012).

The examples of violence at the beginning of this chapter are not unique to these protests. Three more examples of implied threatened violence photographed by news outlets include:

April 15, 2020. Protestors gather in front of the Michigan State capitol building for “Operation Gridlock.” Cars full of protestors clog the streets. On the capitol steps, three men in ball caps stand near the photographer, two wearing tactical vests and two carrying rifles. Behind them, a man stands with both hands in the air, holding an American flag modified to have one green and one blue stripe. Others brandish the original American flag, and one carries the Culpeper “don’t tread on me” flag – a coiled snake originally representing a group of self-trained militia in Virginia during the Revolutionary War. Others hold hand-lettered signs that read “#RecallWhitmer” (the Michigan governor), “Live Free or Die,” and “Stop the Tyranny Open Michigan.” The one individual who brought a mask to the protest has pulled it down to dangle, useless, against his chest.

(Vera 2020)

April 30, 2020. On the front lines of the protestors inside the Michigan capitol building, a middle-aged White man leans aggressively forward, his gaping mouth framed by a bristling mustache and beard as he screams, maskless, into the faces of calm and composed Michigan State Police officers. None of the three men in the photo are making eye contact, and in fact, the lack of tension in the man’s otherwise aggressive-seeming face suggests that his performance is just that – a performance. In another photo, he can be seen chatting, apparently amicably, with a neighboring woman.

(Beckett 2020)

April 30, 2020. Inside the halls of the Michigan State capitol, a group of six armed and masked individuals pose for a photograph. The caption identifies them as “a militia group stand[ing] in front of the governors [sic] office.” All are White and most appear to be male and in their late 20’s or 30’s. They are clothed in a mixture of denim jeans and sand-colored cargo pants, camouflage, and tactical vests. Each is masked and most wear hats, obscuring their identities. One mask is printed to resemble bared teeth: that fellow also sports a gas mask hanging from an olive drab military pistol belt. Another – also wearing dark sunglasses – sports a faded mask from eyes to sternum, printed with the blue background and white stars and red and white stripes of the American flag. As a group, they are well-armed: from left to right, they carry an AR-15 rifle with a suppressor on the end of the barrel, along with six magazines; an AR-15 rifle, a modified AR-15 rifle, pistol, and hunting

knife; an AR-15 rifle and two-three magazines; an AR-15 rifle, a pistol, three magazines and a knife; and finally, another AR-15, four magazines, and a pistol.

(Beckett 2020)

While the examples used in this chapter are from North Carolina and Michigan, similar protests occurred across the United States; for example, protestors in Wisconsin and Pennsylvania also brought weapons and American flags to their demonstrations. These examples show that protesters are comfortable insinuating that they will use violence against a government they feel has overstepped its boundaries. It does not matter to them that state governments impose restrictions to help preserve public health in the face of a new health problem with a death toll that has far exceeded those of Ebola and swine flu in previous years. To these protestors, any restrictions, regardless of intent, are interpreted as attacks on their specific, individual freedoms. Their weapons suggest that they will fight for their right to assemble in large groups, unmasked, despite the risks of both catching and spreading the virus. They are trying to fight for their right to hurt others by ignoring health experts, because for them, the individual matters more than the community, and the economy is the barometer of how well society functions.

Hyper-individualism + toxic masculinity = consequences

When we combine toxic masculinity with hyper-individualism, the result is Toxic Wild West Syndrome. The components of Westerns (whether Spaghetti or Classic) depict heroes as working alone, using violence to achieve goals, and showing strength through the use of violence. Hyper-individualism demands that heroes be “lone wolves” with few, if any, connections to the community, while toxic masculinity demands that heroes show their strength through violence. Putting these demands together produces people who believe that heroes must be like cowboys to be heroes. This approach does not lend itself to people working together collectively to solve community problems. The cowboy is portrayed as a hero and a leader, whether it is of himself or of a small group of chosen compatriots.

In Classic Western movies (e.g., John Wayne movies such as *True Grit*), the hero only kills when necessary, while in Spaghetti Westerns (e.g., *The Good, the Bad, and the Ugly*), the hero kills at will rather than out of necessity, offering the impression that gratuitous random violence is acceptable and equated with strength as a way to save the day. Modern cinema echoes the values of the Western; in particular, the Spaghetti Western, in which gratuitous violence is the norm (e.g., *The Purge*, the *Kill Bill* series). In both Westerns and many modern action and horror movies, heroes tend to work alone, emphasizing self-reliance in order to achieve their goals and using violence gratuitously, more often than not. In all these cinematic representations, toxic masculinity and hyper-individualism create a dangerous combination: people who fancy themselves as heroic cowboys, despite the risks to others.

The modern versions of these Westerns are seen in action movies (e.g., *Die Hard*) and superhero movies (e.g., the *Avengers* series) where the hero uses violence at least to establish themselves as strong, independent, and in control of a fluid situation.

These beliefs are demonstrated in the COVID-19 anti-quarantine and anti-mask protests. The protesters' view of the hero is centered on individual glory and status, rather than community needs. In a pandemic, this is a dangerous position, as, in the short term, it will increase the chance of community spread, raise the infection rate, and ultimately result in more dead individuals across the planet. The long-term consequences of TWWS may include chronic health issues in survivors, more burdens on an already-struggling health system, and future economic shut-downs. Toxic Wild West Syndrome, therefore, constitutes a public health risk that must be mitigated for the public good.

Concluding thoughts: can we mitigate Toxic Wild West Syndrome?

The immediate problems arising from the sudden COVID-19 pandemic have not been mitigated as of this writing, and the long-term consequences are as yet largely unknown. Although health and economy are linked, a more prudent and pro-social approach to this pandemic prioritizes public health over the economy: Public health is the foundation for a healthy economy and healthy populace. To achieve this state, Toxic Wild West Syndrome must be mitigated or halted.

Just like anything toxic, Toxic Wild West Syndrome can kill – both directly and indirectly, but curtailing TWWS will be difficult. TWWS is cultural, and as Marianne Weber argues, making cultural changes takes time, focused effort, and potentially legislation (Lengermann and Niebrugge-Brantley 1992). Protestors are highly visible and espouse deeply held cultural values (even though many of those values are not conducive to a healthy society). Protesters grab headlines and media attention through their protests, giving their audience an inflated sense of the size of the protests and potentially increasing their impact. It is important to understand the reason we see these protesters so frequently is the same reason news highlights violent crime: It is visible, audible, and shocking, in part because they run counter to how prosocial people are expected to act. Although most Americans appear to be following quarantine guidelines and are not calling for a violent return to a pre-pandemic world, quiet cooperation does not gain media attention.

Because those quarantining have no spotlight on their healthy and prosocial behavior, protestors have had virtually exclusive access to being seen and heard in the mass media, which they use to amplify their messages of economic health over individual and community health. This repeated media attention has the cumulative effect of making the protests seem more widespread and as having more support than reality reflects.

Effectively contending with Toxic Wild West Syndrome will be a long-term goal. Socialization and education, from a young age, must emphasize cooperation

and interdependence, rather than rugged individualism. This new approach means we need to teach the values of cooperation and collaboration from childhood through adolescence and into adulthood. As Peter Kropotkin (1902) wrote, “competition may be the law of the jungle, but cooperation is the law of civilization.” In order to progress socially, we must work together rather than separately and recognize that violence is not only not the answer, but often one of the problems. While this cultural shift will take time, we should think of anti-quarantine protesters as theatrical or film actors trying to hit their mark, but using a script that fits neither the audience nor the situation. Sheer volume and performative, violent aggression does not change the inappropriateness of their performances, regardless of the attention these performances attract.

Notes

- 1 It is important to note that while the in-person protests have real people airing their grievances, a *Business Insider* article from May 22, 2020, found that roughly half of the voices on Twitter demanding the economy reopen were bots, or software programs that perform repetitive tasks on the internet (Holmes 2020). These tweets and social media posts are emotionally charged demands to reopen local economies, regardless of the public health implications of doing so.
- 2 In what may have been an attempt at a joke, a White man toting an AR-15 inside the Michigan State Capitol and shrouded nearly head-to-toe in identity-obscuring clothing, wore a patch or sticker on his tactical vest reading “Crisis Actor” in white lettering on a red background (Beckett 2020).

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12

INNOVATION DIFFUSION, SOCIAL CAPITAL, AND MASK MOBILIZATION

Culture change during the COVID-19 pandemic

Heather L. Mello

Wearing masks during illness has been rare in the US for over 100 years – since the 1918 flu pandemic, the practice has been considered unnecessary by the general public as a disease preventive measure since that time. Mask-wearing behaviors that had existed were typically only practiced by immigrant and ethnic populations from communities where mask wearing was common practice and, as such, served as a marker of outsider status. With the spread of COVID-19, however, this practice has changed rapidly. From discouragement to adoption and promotion, the rise of mask-wearing behaviors is an unusually rapid cultural practice change.

Reflecting both diffusion from Asian cultures as a method for controlling the pandemic and evolving discourse about mask wearing as both a self- and other-protective behavior, this rapid cultural practice change reflects months of research and discussion concerning masks and their efficacy, back-and-forth messaging by public health and government leaders, and a significant mobilization of mask-making and distribution resources by various levels of social organization across the globe.

Using a “diffusion of innovations” and “social capital” approach applied to recent mask discourse and mobilization, this study hopes to provide insight into the process of diffusion of mask wearing as a pandemic preventive behavior and the role played by formal and informal social networks in the adoption or rejection of masks and mask-wearing behaviors. The current study, in examining the change in mask wearing, will shed light on processes of culture change, generally, and into diffusion of innovation (DOI) and social capital concepts as related to social practices during times of national and even global emergencies.

Diffusion of innovation and social capital in culture change

E. M. Rogers (2010) wrote, “Diffusion is the process by which an innovation is communicated through certain channels over time among the members of a social

system” (35). While a pandemic might seem like an urgent, compelling reason to adopt mask wearing across society, according to Rogers (*ibid.*), the process of diffusion is not always successful, even for life-saving measures – some will adopt the practice and others will not. Furthermore, scientific research, crucial in a pandemic setting, is not always the most compelling factor in adoption. “Near peers” play a key role in this process: individuals who share similarities within a network, have already adopted the innovation, and can report on their experience. Regarding science versus peers,

Diffusion investigations show that most individuals do not evaluate an innovation on the basis of scientific studies of its consequences, although such objective evaluations are not entirely irrelevant, especially to the very first individuals who adopt. Instead, most people depend mainly upon a subjective evaluation of an innovation that is conveyed to them from other individuals like themselves who have already adopted the innovation.

(18)

The term “near” is important here; if the peers are completely similar, especially as regards the innovation and their knowledge and experience of it, then there is nothing new to communicate. In this sense, diffusion is a highly social process requiring some degree of difference between individuals in order to work. This factor highlights the importance of social capital effects within that social system.

Social capital comprises sets of relations between individuals in a society. Beyond simply the number of connections themselves, social capital also concerns the quality of these connections. Applying social capital to health outcomes, Szreter and Woolcock (2004) posit three forms that influence public health in a society: bonding, “trusting and co-operative relations between members of a network who see themselves as being similar in terms of their shared social identity” (654–655); bridging, “relations of respect and mutuality between people who know that they are not alike in some sociodemographic (or social identity) sense (differing by age, ethnic group, class, etc.)” (655); and linking, “norms of respect and networks of trusting relationships between people who are interacting across explicit, formal or institutionalized power or authority gradients in society” (*ibid.*). The authors note that while material resources are important for public health, “human relationships, effort, and care (or labor) . . . are crucial” (*ibid.*) and that trust among network members, across networks, and in vertical relationships, such as between society members and institutions of power, will result in compliance with recommended public health behaviors.

Chuang et al. (2015) applied Szreter and Woolcock’s social capital concepts in their study of whether social capital influenced respondent likelihood to engage in health protective behaviors during a flu epidemic: wearing masks, getting flu shots, and washing hands frequently. Bonding social capital was defined as relationships and support among neighbors, bridging as association membership, and linking as both trust in government and trust that government had the capacity to handle a

pandemic (1). The authors found that intentions to wear a mask during the pandemic were related to higher scores on all three dimensions of social capital. They also found that mask-wearing intentions were lower among men and those older than 65 years (5). Conversely, those with higher education, those who are married, and those with higher susceptibility to a flu were more likely to report intention to engage in the assessed health protective behaviors, to include mask wearing (*ibid.*).

That mask wearing may legitimately protect the general public during illness may be considered innovative where such ideas and behavior have been uncommon. Masks as material health culture had generally been laid aside in the West in the 100 years since the 1918 Spanish flu pandemic. The rediffusion of this practice during the current COVID-19 pandemic is of special interest as countries across the globe work to contain the spread of the disease, some newly adopting mask wearing as infection prevention measures.

Using Rogers's definition of diffusion, this chapter explores the interrelations between the following concepts: masks as an innovation – not exactly new, but newly rediscovered public health practice; communication channels as patterns of information and resource sharing; over the first seven months of the COVID-19 pandemic; with a focus on the external influence of mass media and public health and political leaders and the internal influence of strong and weak ties and opinion leaders, both within the US social system, generally. The social capital concepts, bonding, bridging, and linking, connect through mask information and resource sharing and through messaging and examples set by external and internal influences.

Methods

This chapter mixes content analysis and corpus analysis methods. Content analysis includes online news articles from December 2019 to mid-July 2020. Although articles from other online US news sites were included, most were taken from CNN and Fox News websites (CNN 2020; Fox News 2020). Two of the biggest online news sources in the US, they typically cover a wide mainstream reader demographic in that country, with CNN on the left of center and Fox News to the right (Farhi 2018; Pasley 2019; Joyella 2020).

Corpus analysis is a digestive approach, using computers to analyze databases of language collected for specific purposes; resulting analyses typically focused on frequency of occurrence for language forms. The NOW Corpus – News on the Web – used for this analysis includes English-language content from online news sites and websites from around the world (Davies 2016–), sourced through Bing News and over 1,000 websites featuring news articles that have appeared within the day of collection. According to the NOW Corpus source website, approximately 10,000 articles are collected for the corpus each day and cleaned to remove non-article content. Data for this chapter includes content from December 2019 to June 2020 originating in the US only. The resulting seven-month corpus contains

645,379,968 words of text with 151,133 instances or hits for “mask” – the central word of analysis. Corpus data were analyzed using the Wordsmith Tools (Scott 2008) corpus analysis program and Microsoft Excel.

Content analysis also supplements corpus analysis techniques, examining concordance lines computed from the original corpus where larger strings of text centered on the word “mask” provided context with final supplementation from online news sites themselves related to corpus analysis topics. The web articles, which may or may not appear within the NOW Corpus data, dated the content and complemented the month-by-month analysis of the corpus. It should be noted that CNN and Fox News content does appear within the NOW Corpus aggregated from Bing News, but due to the structure of the aggregated corpus, extraction of specific whole-article content is not possible.

The results section begins with a content analysis timeline focused on masks and mask-wearing behaviors during COVID-19 (for a more comprehensive timeline of the pandemic, see Ryan 2021, this volume). Search bar queries from the CNN and Fox News websites are supplemented with content from other sites using a Google search. Search terms included “covid,” “mask,” “need,” “hoard,” “donate,” “sew,” “make,” “infection,” and “surgeon general.”

After the timeline, the first corpus analysis examines the word “mask,” its frequency and rate. The next three analyses focus on the social capital concepts: bonding, bridging, and linking. Adapting from Chuang et al. (2015), social capital definitions are applied as they relate to masks as pandemic-related material culture and mask wearing as a protective health behavior and as related to the DOI concepts of promoting innovation adoption, behavior commencement and compliance, and trust within and across networks and social systems. Here, bonding social capital is the mobilization of resources to make masks; bridging as the organization and donation of mask supplies; and linking as trust in government and trust that government can handle a pandemic. After having saved each month’s concordance into Microsoft Excel, I searched using the “find” function on the varying grammatical forms of “make” (make, makes, making, made) and “sew” (sew, sews, sewing, sewn). Bridging social capital focused on the forms for “donate” (donate, donates, donating, donated) and “organize” (organize, organizes, organizing, organized) and organization types associated with these activities. Linking social capital analysis focused on the timeline content and various mask analyses, with additional corpus results for “mask purposes” and “anti-mask” topics.

Results and discussion

General timeline

Chinese health authorities reported the first cases of a new pneumonia infecting patients in Wuhan, China, to the World Health Organization (WHO) in December 2019. By January 28, 2020, the US had reported its fifth confirmed case of

the new coronavirus. Two days later, on January 30, the WHO officially declared the emerging COVID-19 situation a “Public Health Emergency of International Concern” (CNN Editorial Research 2020).

Online news articles reporting out of China starting in January routinely featured photos of Wuhan locals wearing masks on the streets and public transportation. Within this time frame, the US news began reporting runs on medical-grade face masks in stores and online, panic buying, and mask hoarding; this despite suggestions from public health officials not to worry about masks, but to “do what you do every cold and flu season . . . wash your hands, cover your mouth when you cough or sneeze, and stay home from work when you are sick” (Asmelash 2020, para 3–4). Some articles warned that medical-grade masks were not necessary for the general public or the healthy, that general public mask wearing was ineffective as there was a danger of misuse or improper wear that would increase infection rates, and that the lack of masks could be dangerous for healthcare workers and hospitals. The US Centers for Disease Control and Prevention (CDC) began outreach to mask manufacturers to ensure adequate supply.

The prices of masks skyrocketed. Stocks of N-95 and other medical- and surgical-grade mask stocks came up short through February and March as calls were raised to meet surging demand, from healthcare and government sources, as high up as the vice president. Mask supplies typically outsourced globally from China were held back to deal with the pandemic raging there, and authorities in the US reported radically insufficient supply in the US National Strategic Stockpile, an emergency health supply reserve set aside for just such pandemic situations. Efforts arose at all levels to help meet demand; donations came in from Chinese billionaires, rappers, and aid groups. Entrepreneurs outsourced manufacturing for donation, companies like Apple and Facebook donated, and television medical dramas even donated their supplies. Businesses also stepped up, though not for donation, to include a pillow company repurposed to meet demand.

In addition to these larger-scale efforts, individuals and newly formed localized groups stepped in to do their part in making masks – initially for healthcare workers and the ill, to supplement shortfalls, and to strengthen protection during reuse of higher-grade mask materials (Price 2020). A headline from March references a “sewing army” making masks to fill the acute shortage (Enrich, Abrams, and Kurutz 2020):

They are scrounging for fabric, cutting it up, stitching it together. They are repurposing drapes, dresses, bra straps, shower curtains, even coffee filters. They are building supply chains, organizing workers, managing distribution networks. Most of all, they are sewing. All over the country, homebound Americans are crafting thousands upon thousands of face masks to help shield doctors, nurses and many others from the coronavirus.

(para 1–3)

This mask-making army also donated masks to other categories of essential workers: delivery drivers, local police, ambulance workers, firefighters, and grocery store personnel.

As the virus spread globally, scientists learned more about how the virus spread and about the profile of COVID-19 infection.

From the beginning of the outbreak, which originated in China late last year and rapidly took hold across the globe in recent months, evidence points to the potent influence previous illnesses and underlying conditions have on morbidity rates or rendering a case to be critical.

(McKay 2020)

Research further indicated that complications and death rates increased significantly with age, hospitalization was more likely the older the patient, and most deaths occurred in patients over 70. Conversely, the young and the healthy were found to be less likely to suffer COVID-19 complications and death; however, the US surgeon general pointed out that these groups could still spread the virus throughout their communities and to those with health problems (Klein 2020).

As knowledge grew about infection profiles and asymptomatic and potential airborne transmission, messaging between March and April changed from discouraging mask-wear by the general public to tentative encouragement, as long as adequate supply of the higher-grade medical and surgical masks were reserved for the healthcare system and the ill. Global experts, including the WHO, CDC, and researchers from Asian countries with more experience with mask wearing during influenza pandemics, began to advocate for mask wearing among the general public, not only to prevent oneself from contracting the illness, but to protect others as well in cases where the wearer might be infected asymptotically. The message that virus reproduction rates were lowest when everyone is wearing masks began to proliferate. Consequently, as need for mask supplies grew even further, those cloth-mask-making armies continued their task, turning now to meet the needs of the public doing their part to stop the virus as well. Inspired by those armies, some started anew, sewing masks for friends, family, neighbors, and community in need (BillingsGazette 2020).

In late March, messaging between CNN and Fox News began to diverge: CNN's articles more clearly positive towards masking and Fox News's stance ranging more widely between promotion and skepticism. Pro-mask articles consistently appeared on both sides, including discussing mask how-tos: instructions on crafting your own DIY masks, tips on how to avoid fogged-up glasses during mask-wear, and answers to mask-related questions readers may have. On June 14, both sites reported on the latest from the surgeon general, that "wearing coronavirus masks will give Americans 'more freedom'" (Azad and Cullinane 2020; Moore 2020).

Showing the gap between the sites' orientations, CNN headlines on March 31 and April 1 read, "Masks could be part of the answer" (Lee 2020) and "White

House task force could soon recommend Americans wear masks” (Liptak 2020b); Fox News headlines, dated March 31 and April 2, read “Surgeon general: Data doesn’t back up wearing masks in public amid coronavirus pandemic” (Kaplan 2020) and “Should you wear a face mask to prevent COVID-19? Experts disagree” (Geggel 2020). An interesting juxtaposition in mask reference can be seen through reporting on the president’s recommendations from a coronavirus briefing in early April: the Fox News headline, “Trump says CDC wants Americans to cover faces with cloth amid coronavirus” (Pappas 2020); CNN, “Trump announces new face mask recommendations after heated internal debate” (Liptak 2020a).

These trends continued through June, revealing political partisanship and deeper divergence on the emerging science. CNN reporting highlighted some Republicans’ “defiance” of public health expert guidelines by not wearing masks during meetings (Raju 2020). Additional headlines affirm the site’s strong support of mask efficacy: “It’s not maskers vs. anti-maskers. It’s public safety” (Wolf 2020) and “Want to prevent another shutdown, save 33,000 lives and protect yourself? Wear a face mask, doctors say” (Yan 2020). Meanwhile, Fox News headlines continued representing a wider range of positions: “Former MLB player Aubrey Huff goes on rant about masks amid coronavirus pandemic” (Aaro 2020); “Pence deflects on questions about wearing masks, says White House will ‘defer to governors’” (O’Reilly 2020). As late as May 28, 2020, Fox News reported on a *March 2020* WHO report on masks (Casiano 2020),

The World Health Organization is recommending healthy people, including those who don’t exhibit COVID-19 symptoms, only wear masks when taking care of someone infected with the contagion, a sharp contrast from the advice given by American public health officials who recommend everyone wear a mask in public. “If you do not have any respiratory symptoms such as fever, cough or runny nose, you do not need to wear a mask,” Dr. April Baller, a public health specialist for the WHO, says in a video on the world health body’s website posted in March. “Masks should only be used by health care workers, caretakers or by people who are sick with symptoms of fever and cough.” The recommendation has not changed and differs from the Centers for Disease Control and Prevention (CDC), which urges individuals to wear a mask or face-covering in public settings, regardless of infection or not, to limit the spread of the virus.

(para 1–3)

As of mid-July, reporting continues on mask needs for healthcare workers, mask-making initiatives for essential workers and community members, DIY mask making, and masks as politics. *The New York Times* reported that seamstresses for the world’s top fashion houses had begun their own mask-making network while in quarantine back in March (Testa 2020). Started by a seamstress at Chanel, the ongoing initiative making “haute couture” masks does not sell

them for profit, but gives them to frontline workers: bakers, firefighters, and healthcare workers. Back at CNN and Fox News, headlines come back together again on July 12, reporting on the president's visit to a veterans hospital, noting that he wore a mask in public – and on camera – for the first time (Mena and Stracqualursi 2020; McFall 2020).

“Mask”

Corpus analysis methods begin with hits for the word “mask.” Figure 12.1 presents the ratio of hits per 1,000 words within each month's corpus. The ratio begins to rise slowly in January and February, hitting a peak in April with a slow descent through June.

Bonding and bridging social capital

From Chuang et al. (2015), bonding social capital works “in epidemic emergencies by mobilizing local institutions for action and by providing information and awareness about the disease through social networks as well as by promoting discussion and problem solving regarding feasible actions” (7). Figure 12.2 counts for lemma for making and sewing masks peak in March and April. Hits begin to rise with the first calls for masks in late January, correlated with spread of the virus, ongoing mask shortages, and public panic buying, reflecting efforts by DOI innovators and early adopters in developing, organizing, planning, and making masks for distribution across the need spectrum, early to healthcare workers, to other essential workers, and then beyond to social networks within the general public.

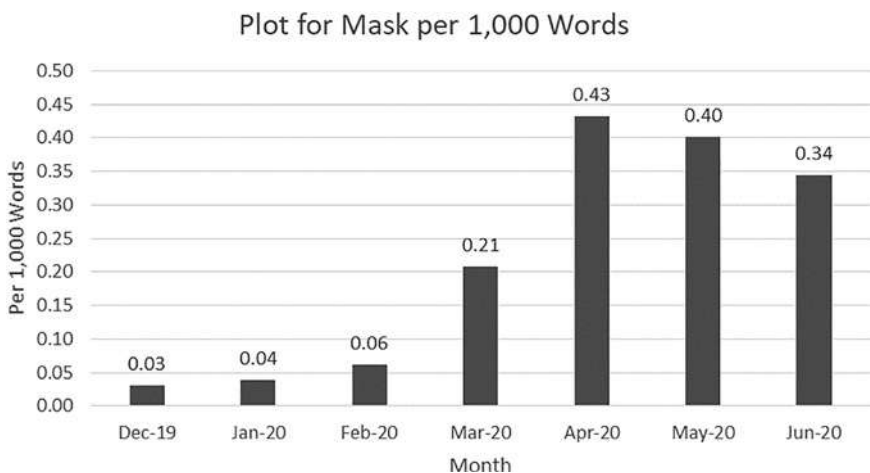


FIGURE 12.1 The Word “Mask” per 1,000 Words by Month

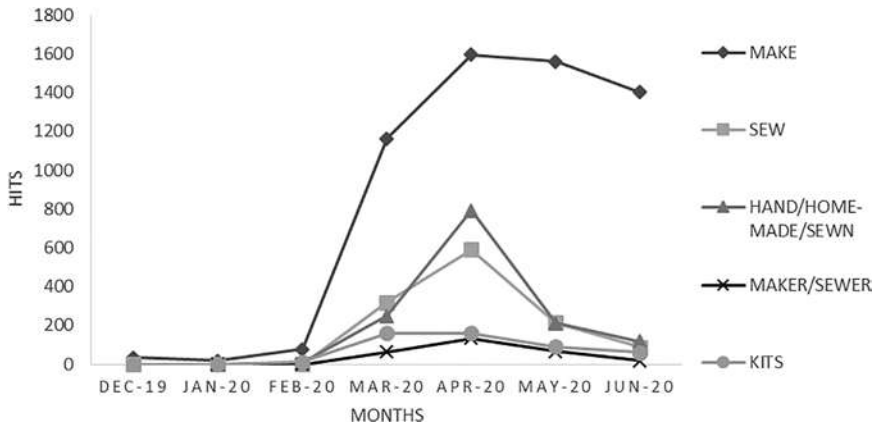


FIGURE 12.2 Bonding Activity Hits by Month

Bonding social capital as social support reflects this mobilization first across networks as calls for help arose and then within both formal and informal social networks as discussed in the timeline. Help arrived in abundance as people from across the country heeded the call. Sewers mentioned in the corpus include a wide range of volunteer types; to name a few: members of sewing circles, seamstresses, city council members, hospital and organization staff members, families, graduate students, sewing shops, classmates, correctional institutes and inmates, homemakers, nursing home residents, soldiers, and lucha libre wrestling mask sewers. Several organizations named include Sew Face Masks Philadelphia, Wisconsin Face Mask Warriors, the Auntie Sewing Squad, Sewing Masks for Area Hospitals, and several different US–Chinese associations.

Bridging social capital lemma hit counts are included in Figures 12.3 and 12.4. From Figure 12.3 we see mask donation and organization among groups referenced that cover the lack of supply of PPE for healthcare workers in the early days of the epidemic and then include community donation and organization beyond the healthcare system. The bonding and bridging analyses here reflect pro-mask actions and processes. Anti-mask topics will be addressed in the linking section.

For Figure 12.4, mobilization terms were searched with the various organizational terms. While companies are the largest organizations involved in the donation of masks, clubs, communities, associations, and various organization members donating, rather than receiving, also comprise noteworthy forces involved in donation. “Interpersonal networks play a crucial role in enhancing communications platforms and augmenting government credibility” (Chuang et al. 2015, 11). Networks organized to ensure and enhance the larger country- and community-wide efforts to provide masks as pandemic preventive material culture and wearing as behavior. Regarding the lower hit count for organizing versus donating, I posit that organizing is an ongoing effort to meet need across the spectrum, led by fewer

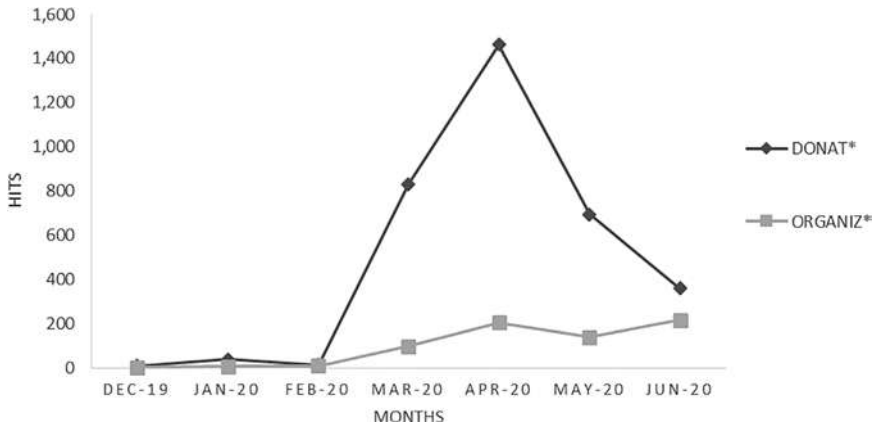


FIGURE 12.3 Bridging Activity Hits by Month

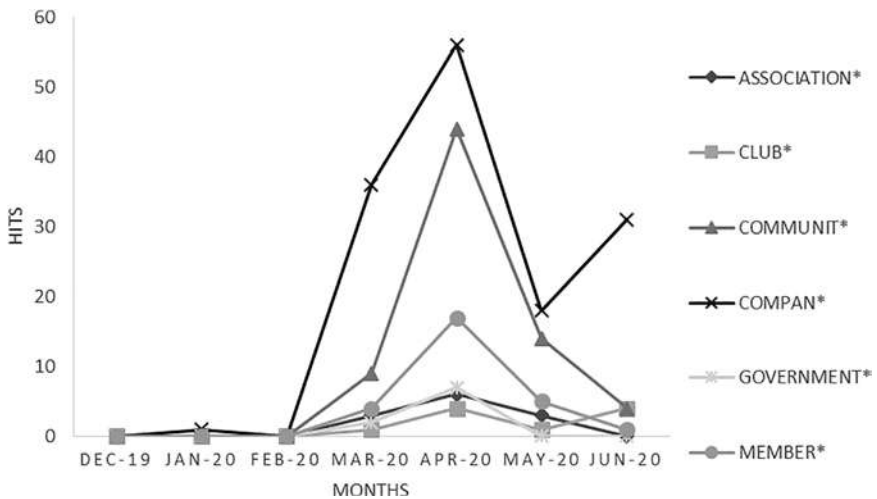


FIGURE 12.4 Bridging Organizational Hits by Month

persons than the initial and ongoing mass donation by companies, celebrities, and governments that enlisted existing processes.

Bridging social capital represents horizontal relations, but between more distant and disparate social networks, those less close than in bonding networks. Relations between mask makers and receivers include connections across boundaries including more formal network relationships as groups interact based on production and need – community groups to hospitals, mask clubs to essential workers, etc. Within the DOI frame, this includes innovators, adopters, and early majority adopters, linked by more similarity; where late majority adopters are concerned, those with

higher degrees of mask skepticism, implementation reflects mask mandates and business requirements for workers and customers to wear masks regardless of agreement. Donation eventually also covers connections within informal networks as well.

Linking social capital

Beginning with the question of whether the government has the capacity to handle the pandemic, connected to the DOI concept of external social systems – mass media and health and government authority – messaging from January through March consistently communicated that mask supplies were not going to be enough to meet healthcare workers’ needs. Medical and government authorities called for manufacturers to ramp up production and for organizations to donate whatever medical-grade mask supplies they had. Formal and informal network members, from government to companies and the wealthy to groups within communities, started the mask mobilization machine, adapting existing processes and creating new ones to meet this demand and help the government and society to handle the pandemic. In early April, as per the timeline, new research about how COVID-19 spread demonstrated the need for the general public to also wear masks. Ongoing mask-making and distribution processes were extended to the general public and within local informal networks. Later, new networks and individuals joined, further assisting the government in handling the pandemic as it spread.

Moving to the more general concept of trust in government, timeline data provide a much more mixed result. From January through July 12, 2020, the last day of collection for this chapter, we see a 180-degree reversal in the position of the government and medical professionals on whether the public should wear masks to stop the spread of COVID-19. The message careens from one end of the scientific and political spectrum to the other: Masks are only for healthcare workers in January, with the March message from the surgeon general, “Seriously people, stop buying masks!” to June news from the same surgeon general that masks promote freedom, and finally the skeptical, laggard president sporting a mask for public photos for the first time in July. Even before research proliferated that masks might be effective in stopping the spread of the virus among the general public, journalists explicitly discussed the trust lost when health experts communicated that masks were somehow useful for healthcare workers but useless for the general public, even while acknowledging the intent to preserve mask supplies for those same healthcare workers (Tufekci 2020). From Fox News’s Tucker Carlson (Creitz 2020): “stop lying to us about why we shouldn’t be buying them.” Eventually, new science emerged that masks might be good for everyone, not only helping the wearer but also protecting others (see Figure 12.5).

Two other notable points present a challenge to trust for government. As a second challenge, media sources presented different pictures of the science and of differing support for or against changes in preventive knowledge, measures, and

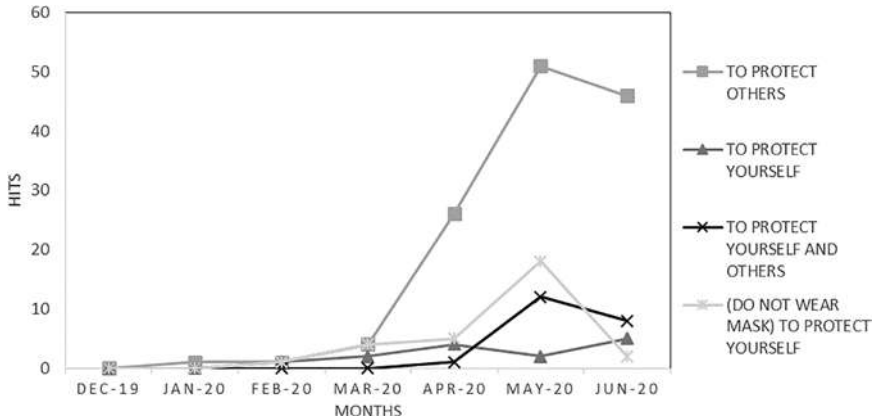


FIGURE 12.5 Mask Purpose Hits by Month

policy. Timely reporting on science as a process and where that science is at any given moment regarding pandemic prevention greatly influence the measures the public may take in response. CNN's positive messaging and persistent reporting on the developing science would engender more consistent mask-wearing behaviors, whereas Fox News ranging between emerging science reporting, celebrity skepticism, and even reporting in May on older public health messaging from March would result in a wider range of attitudes towards masks and their efficacy.

The third challenge to trust for government is exemplified by the highest-ranking potential change agent in the country – the president. During an early April press briefing, as the president discussed new CDC pro-mask guidelines, he emphasized that the practice was “voluntary.” From Fox News: “‘So it’s voluntary. You don’t have to do it.’ The president added, ‘I don’t think I’m going to be doing it.’ He said he can’t imagine himself sitting in the Oval Office of the White House behind ‘that beautiful resolute desk’ wearing a mask” (Pappas 2020). CNN’s quote: “‘I don’t think I’m going to be doing it,’ he said, going on to suggest it was hard to envision such a thing in the Oval Office: ‘Wearing a face mask as I greet presidents, prime ministers, dictators, kings, queens – I just don’t see it.’” (Liptak 2020a). With this, Trump signals resistance to mask wearing both at the office and among social groups. Trump would go on to appear in public many times without a face mask after this briefing, with his first publicized appearance in a mask on July 12.

Trust in government and its ability to handle a pandemic, centered on the initial no-mask messaging, are less likely when that messaging changes so completely and so rapidly in time. Anti-mask attitudes may be developed at any point and may change for or against the innovation depending on other factors as well, to include emerging information on who is most likely to be infected. In the case of COVID-19, the elderly and chronically less healthy would be assumed to be more likely to wear masks, depending on how much they trust that emerging science. Conversely,

lower infection severity among the young and the healthy has led to their lower mask implementation despite the accompanying messaging that community spread is halted best when all those in contact wear masks. The virus’s novelty may also contribute to lower trust in government’s messaging about the reality and severity of the virus: on April 7, only 14% of Americans reportedly knew someone who had tested positive (Vaidya 2020); by May 26, only 20% of Americans knew someone who had been hospitalized for or died from the virus (Johnson, Ferno, and Keeter 2020). These bases for skepticism may be exacerbated by mass media outlets and prominent public figures who themselves are late adopters, if not laggards or outright rejecters.

Figure 12.6 represents the anti-mask concept found within the corpus. Concordance lines reveal some very interesting findings related to past and current law, reactions to mask mandates during the 1918 Spanish flu pandemic, and as expected, rising anti-mask sentiments in the US.

The January, March, and April 2020 hits constitute prior and recent anti-mask laws aimed at protest groups, KKK, and criminal activity; to prevent identity concealment during both legal and illegal activities. Hits include discussion of New York City reviving old anti-mask laws during the Occupy Wall Street movement in 2011, the earliest dates for enactment of anti-mask laws is the 1840s, with many states enacting such laws between the 1920s and 1950s. Beginning in April, articles discuss repeal of those anti-mask laws in a few states, in the face of the CDC’s “pro-mask stance.” There is even discussion of anti-mask laws in other countries that contravene current public health measures.

April and May discourse reflects back to the anti-mask movements in the 1918 Spanish influenza pandemic; mask ordinances were considered by some to be “contrary to the desires of the majority.” Lines mention a marshal shooting someone

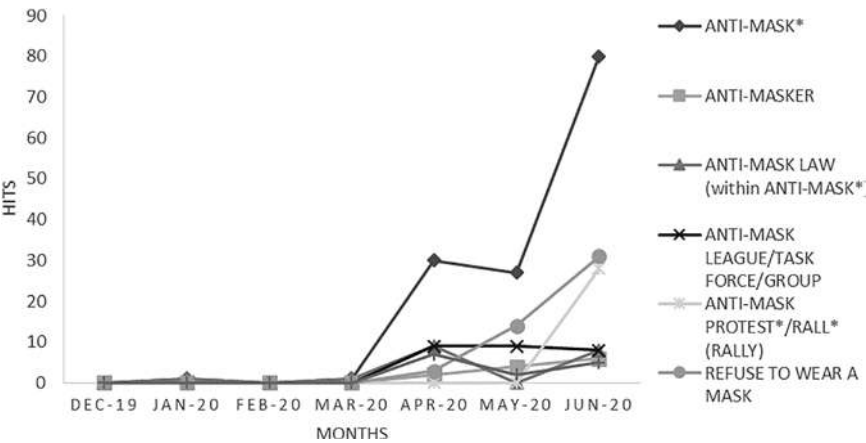


FIGURE 12.6 Anti-Mask/Mask-Refusal Concepts by Month

who refused to put on a mask, which led to anti-mask rallies. The San Francisco Anti-Mask League held rallies of up to 4,500 persons. May to June discourse moves into the present with the anti-mask position held by the sitting US president mentioned as “helping fuel an anti-mask movement across the US.” Anti-mask rallies and protests occur in at least six states. Disputes pop up between business owners and customers over the owners’ right to refuse service to those refusing to wear a mask. Terms used in reference to mask requirements in the present mirrored those of the 1918 anti-maskers as “ineffective,” “tyrannical,” and “unconstitutional.” Slogans deployed include “My body, my choice” and “I can’t breathe,” lines borrowed (coopted?!) from the pro-choice movement and the line repeated by George Floyd as he died during an arrest in Minneapolis. An anti-mask “Freedom to Breathe Agency” has been formed, with an interesting anti-mask tactic, mentioned several times, of presenting an Americans with Disabilities Act card indicating that the bearer has a disability that prevents mask wearing. Terms for these anti-mask movements include “reckless” and reflecting a “me first” attitude.

I want to comment here on some of the nuances related to mask-wearing behaviors. In this chapter, I am concerned with social capital and diffusion of masks as prosocial behaviors, but I do touch on anti-social, i.e., anti-mask, attitudes and behaviors. Blum, Smith, and Stanford (2021, this volume) talk more in-depth about prosocial versus “hyper-individualist” and “inflexible” attitudes towards mask wearing and the wider range of infection-prevention measures during the recent pandemic. This should be contrasted with reactions to mask behavior and concerns of racism and discrimination among Asian Americans and other persons of color. For Asian Americans, mask wearing has been seen as evidence of “disease status” despite the fact that this was a common community behavior even before the pandemic, sometimes simply to combat the effects of pollution (Yan, Chen, and Naresh 2020; Chiang 2021, this volume). For Blacks and Latinos, specifically, mask wearing has been seen as evidence of criminality and may lead to racial profiling (Fernando III 2020).

Conclusion

Using the diffusion of innovation and social capital perspectives, this research showed how masks, an innovation within the US context, diffused across US society. This innovation spread as information and patterns of action along communication channels during the early days of the coronavirus pandemic under various social system influences. Influence flowed externally from mass media and public health and government authorities and internally through social networks, according to connection to opinion leaders and change agents, from as high up as the sitting president, at the level of organizations creating mobilization networks, to as local as a neighbor sitting in front of a sewing machine.

Masks as material culture and general mask-wearing behavior began in the US with examples from Asia fighting the early pandemic mixed in with panic buying

and hoarding and has ended at the time of this writing with a majority of state-level governments mandating general mask wearing in public to combat the virus. This research supports the hypothesis that the mass mobilization of mask making and donating, upon calls from health and government leaders to support essential healthcare and service workers, has been one of the largest and most crucial influences in the adoption of the general public's mask-wearing behaviors. When science shifted to support mask wearing by the general public, these networks were already in place to meet the newer demand and were already predisposed to see masks as beneficial, even if scarce. The enlistment of additional society members to meet the new demand added to positive perceptions of masks as pandemic practice.

Bonding social capital as local social support and bridging social capital as extension of support exemplify investment in masks as crucial in promoting the health of society during the pandemic. This is further supported by the linking social capital concept of trust that government can handle the pandemic, as innovation and change leaders across the country mobilized in support, supplementing efforts by the government. As Chuang et al. (2015) noted, such networks have a key role to play in enhancing the government's credibility.

On the other hand, such mobilization was insufficient to create an atmosphere of overwhelmingly positive trust in government, apart from its ability to handle the pandemic, due to rapidly and radically changing messaging, differing information channels, and systems of influence. At the time of this chapter's final writing, masks and mask wearing have proliferated but have only just reached around 55% health expert guided compliance (Kane 2020). In order to bend the infection rate curve, required compliance rates as high as 95% have been suggested. I argue that the mixed messaging by health experts early on has been a major source of confusion and skepticism of mask science. While some influences have successfully persuaded the implementation and continuation of adoption of masks for pandemic prevention as a country-wide, social support mobilization over time, other influences – mass media and influential members of society communicating on various platforms – continue to question the efficacy and constitutionality of the mask as innovation, frustrating compliance.

Innovations do not always diffuse evenly or completely across a social system. While innovations typically take time to make their way from innovators to early and later stage adopters, it may also be the case that a diffusion fails to reach 100% adoption. That social and cultural change for mask wearing has not (yet?) reached into many layers and communities in the US should not be a surprise. In a country that holds up individualism, freedom, and the maverick spirit as treasured values, resistance and noncompliance should be expected, as seen during the 1918 pandemic. Social media and its proliferation have contributed to the ability of agents on both sides of the debate to raise their voices and have their arguments considered in the marketplace of ideas, sometimes on equal footing.

Science is a process, one that takes time and relies on evidence before making assertions. That mask-related messaging would change over time as new evidence

replaced older evidence is the heart of that process. In the face of reliance on older messages or skepticism about new messages, the voices of public health and government experts communicating that new evidence across as many channels and among as many social systems as possible are needed more than ever.

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13

CHANGING TIMES

New sources of parenting stress and the shifting meanings of time with and for children

Melissa A. Milkie

Time during the COVID-19 pandemic passed before us in an unrecognizable pace and form. During lockdown, our schedules from just weeks earlier became cut off abruptly, with new routines, and lack thereof, suddenly thrust in front of us to make sense of. And our time took on new emotional elements. The year 2020 saw uncertainties and fear color how, with whom, and where we spent our time, as days upon days stretched into a murkier future. What is “quality time” and how can we achieve it? Under the “new normal,” what will our time be like? These are among the big questions being asked by scholars, as we march forward into the decade that has begun by upending our time use and our perceptions of time.

For those living with children during the COVID-19 pandemic, questions about how they spend their time are further complicated. Parents are tasked with providing optimal conditions for children’s health and development. To the extent possible, most parents try to craft their own and their children’s time to maximize children’s academic and skill growth, as well as their happiness. Yet pandemic conditions exploded both parents’ and children’s time use – the normal allocations to work, school, and family – deeply upending schedules and locales. Parents watched children’s schedules – even those organized meticulously with an eye toward children’s futures – quickly crumble away.

This chapter will analyze parents’ pandemic time upheavals, time stressors, and the new meanings of quality time when much work and schooling moved to homes and most parents became isolated alone together with their children. It will focus on three forms of parental time: time spent *with* children at home and in activities out in the social world, time spent *for* children – to meet their material, care, and educational needs, and time spent *toward safeguarding* and managing children’s futures. The essay shows that parents’ roles became more demanding, while rewards shifted. The pandemic’s untethering of children’s and families’ time provoked questions about the benefits and costs of time allocations, exacerbated class

and gender inequalities in parenting, and highlighted the sources of institutional (dis)investments in children's lives.

The upending of family time

The *demands-rewards* theoretical perspective on parents' well-being (Nomaguchi and Milkie 2020) frames this essay. This model emphasizes the shifts in factors influencing parents' mental health and well-being in 2020 once the pandemic hit. In examining demands, in line with stress process theories (Pearlin 1999), the focus is on shifting time-based and other *stressors* parents experience, both objective and subjective, and how these influence parents' levels of *distress*. Individual and institutional resources may buffer parents' stress, though these are unequally distributed, especially by social class. In examining the rewards of parenting, emphasis is upon how new sources of meaning and happiness in time with and for children might unfold during the pandemic and beyond.

The demands-rewards perspective underscores the overarching place of social statuses, and thus variations in the stress process across statuses will be emphasized. For example, socioeconomic status (SES) is a paramount influence on parents' experiences, and thus the time stressors of parents with more versus fewer resources are considered. Work investments vary by SES and occupation, and the pandemic created an uneven shock to parents' work time and conditions. Some parents' work intensified, others lost their jobs and security, and still other parents' work put them on the front lines and at risk of disease, potentially pulling them apart from children for safety reasons (J. W. Cox 2020). SES is also relevant to how parents are able to invest in children. Across the socioeconomic spectrum, parents spend time and energy toward *safeguarding* children's futures, but this takes very different forms. Gender is another key status inequality, with mothers' time and parenting stressors more deeply shocked by the pandemic as they face endless tasks, impacts on their paid work, and worse mental health than fathers (Chung et al. 2020; J. Cox 2020; Gerber 2020; Landivar et al. 2020; Manzo and Minello 2020).

In all, the pandemic upended parents' and children's lives – their work, schooling, and play and their schedules, rhythms, and relationships. Just about all those things that made life normal for children and their families before the pandemic shifted abruptly. From parents' perspectives, important changes may have come to the time they spend with children, the time they allocate for children's provision, and the way they approach safeguarding children's futures. Next, I elaborate on these forms of time and how they have been dramatically altered, making the balance of demands and rewards less favorable for parents, though divergent based on parents' social statuses. I discuss how some time patterns for parents and families may stick across the coming years.

Time with children

In "normal times," many parents felt they had too little time with children, with about half in the US, Canada, and many European countries expressing this

sentiment (Milkie, Nomaguchi, and Schieman 2019; Berghammer and Milkie 2020). Suddenly, once the pandemic hit, most parents whose minor children lived with them had nothing *but* time with children. The children's school became home, friends were out of reach for the most part, and for many children, their only young companions were siblings, if they had them. Kids' activities were cancelled, as well as parents' outside leisure time and ways to take breaks away from the unending day-to-day responsibilities they face as parents. Many parents' paid work came home to couches, desks, makeshift spaces across cramped spaces, or more luxurious home offices. Some parents lost jobs, making their at-home time with children more complex, as the future looked less secure. No matter the size of the home, the makeup of the household, the amount of outdoor space, the weather, or the neighborhood, parents' time with children radically changed during the lockdown months – there was more of it – and its qualities may have shifted. Such a sudden transition may have juxtaposed the experiences in a way that made parents especially reflective of the meaning of time with children. While about half of parents had longed for more time with children in the recent past (Berghammer and Milkie 2020; Milkie, Nomaguchi, and Schieman 2019), the kind of time that they suddenly had with children was likely not what they had been envisioning. Indeed, stuck in a “bubble” with children meant high care needs within the household, with limited ability for parents to tap into even those in nearby “bubbles” (Trnka and Davies 2021, this volume) who could help parents out with high demands.

Time spent in the company of children has at least three central qualities under normal times: compared to time apart from children, it is especially enjoyable and it is meaningful, but it can also be stressful and demanding (Negraia and Augustine 2020; Nomaguchi and Milkie 2020; Musick, Meier, and Flood 2016). In the pandemic, each of these became magnified. Taken together, given that parents were stressed from work – either due to overwork and the blurring of work-family boundaries or because jobs themselves were lost or upended, the overall quality of time in the pandemic could be characterized as off and unbalanced. And for single parents with few or perhaps no other adults to pull into children's lives directly due to the pandemic, maintaining quality time with children became even more challenging (Rogers 2020). As the pandemic worsened, with more virus cases in the community and tighter lockdown conditions, the stressful part of time spent with children became more prominent, and the normal feelings of happiness at being together on the part of both parents and children may have felt dampened (Galinsky 1999). How time with children was experienced in terms of its quality for parents and family life became more glaringly obvious as life slowed way, way down, and paradoxically for some, accelerated in terms of time demands.

The pandemic likely made each of these qualities of time with children – stress, enjoyment, and meaningfulness – more deeply felt. In terms of stress, time parents spent for children became fraught as it conflicted with parents' work – spilling directly into the day-to-day interactions parents have with kids. Moreover, the time parents spent with children could easily become conflictual, given the host

of new restrictions and guiding behavior that parents needed to enforce with their children. For school-aged kids and teenagers, this meant parents sometimes had to create, maintain, and/or encourage educational connections and activities – really an entirely new ballgame that parents and children had not negotiated in modern times. For the most part, children did not like online schooling, as they felt the deprivation of the richness of in-person lessons and greatly missed their friends and teachers (CBC 2020). Heavily dependent on the quality of the educational experience to begin with, those parents, typically of higher SES, whose kids attended schools that were able to quickly adjust and provide high-quality experiences in real time, were going to experience less stress. In all, for many reasons, then, due to parents' work stresses and overload (Galinsky 1999; Tubbs, Roy, and Burton 2005), the enforcing of educational work for kids that might cause conflicts, and the great amounts of time families spent together with few “real” connections to others outside their household, time with children likely became more stressful – crowding out quality time.

Though time with children had great potential to become more stressful, it also had a potential upside. The new forms and amounts of time could also be quite positive. In terms of feelings of enjoyment and happiness with children, there were fresh possibilities. As the outside social sphere became restricted and some parents found their job pressures were at least temporarily lessened or had commutes evaporate, parents tried new things. Time with children became conducive to sustained blocks of focused or creative time together – like hiking, biking, board games, baking, and the like, if resources allowed. For some, cooking together may have become a high-quality activity to enjoy.¹ Some parents were even able to experience new joys with their children through adopting pets into the family (Kavin 2020). In all, since many of the normal ways of life were suddenly gone – including all the normal extracurriculars like sports and lessons that children participated in, parents were able to (or were forced to) get creative and try new things, thus affecting the quality of time in everyday family life. Quality time often is more of an ideal than a reality, though, even in normal times (Christensen 2002; Daly 2001). To the extent that fears of the virus, stresses from economic fallout, and demands and conflicts parents experienced during their long days at home with children, these joys could get crowded out.

Parents' social class mattered in that lockdowns varied by the resources parents had going into “lockdown.” The types of new activities that parents could do with children might have varied based on space – and so how happy versus stressful the time parents experienced with children might follow (Carmona 2020). There were fewer escapes for parents who are in urban areas or small dwellings, as even outside space became extremely difficult to navigate when basic but treasured city playgrounds were off limits. Without vehicles like cars or bikes to get to parks or trails that were conducive to quality time out in nature, some low-resourced urban parents may have been stuck in small places where, over time, it would become more and more difficult to enjoy time together. The quality of time with children was

also conditioned by the severity of the outbreak across societies. Extreme examples occurred in regions of China, Italy, and Spain, when parents were completely locked inside with children by government mandates for weeks on end, without the ability to even move outside their apartment or house for fresh air or exercise (Carmona 2020).

Time with children not only might have become, paradoxically, both more stressful and potentially more enjoyable, it may have become more meaningful. Some parents, no doubt, found the extra and different time at home with children a gift – to more fully appreciate their presence and to discuss the world in new ways with their children. This might have been especially true for those with older children and teenagers, wherein parents could have potentially taken advantage of an awareness that they may have just a little time left before offspring move into futures outside the household. Moreover, these teenagers also had their social lives drastically curtailed for a time, allowing them to potentially be fully more available. At the same time, parents may have had more reason for discussion of values, given the major social movements like Black Lives Matter that co-occurred during the pandemic. Moral issues surrounding family, the economy, health care, policing, anti-Black and anti-Asian discrimination (Chiang 2021, this volume), and multiple urgent social problems became central in many families' conversations during these times. Moreover, the value of work, and working from home, became more clear, with many parents expressing hopes of continuing remote work into the future, in part to spend more time with children (Chung et al. 2020). Parents, like other adults, became confronted with what matters in life, the world, and the future – and had new opportunities to share important life lessons with their children – potentially making time with children especially meaningful.

The quality of time *with* children surely changed. Perhaps there was more stressful time with children, but also there may have been more opportunities for unique or new ways to enjoy spending days together. Parents and children alike surely learned lessons about what they value and how they want to spend their time. How “quality” the time with children became depended a great deal on parents' resources – money, work conditions, education level, health, space, and so on. In order to make room for quality time, stressors need to be held at bay (Tubbs, Roy, and Burton 2005). In essence, for the time with children to be high quality during the pandemic, many resources would have had to be already in place, and supports from the larger community, workplace, and government able to be leveraged.

Time for children

The pandemic altered *time for* children, that is the labor it takes to provide the very basics of income and care as parents.² Thinking about this within the framework of the demands-rewards perspective, the pandemic tipped the balance, creating more distress among parents. Under normal circumstances, most parents' workloads are very high in total – that is paid and unpaid work hours – because a large part of

their lives are given to time for children's provision in the form of direct child care. For most fathers this is typically in the form of many hours on the job, or even taking two jobs to make ends meet given the expenses of children. Mothers do more housework than fathers do, but are also employed at quite high levels, with about two-thirds in the labor force, though this varies across countries (Berghammer and Milkie 2020).

When the pandemic hit, many parents' investments of time for children became greater and more difficult. Most fundamentally, work and care time dedicated to provide for children became a bigger stressor, creating greater distress in the form of work-family conflicts (Chung et al. 2020; Craig and Churchill 2020). For some, work-family conflicts arose as duties from the job, often done remotely from home, directly confronted (new and extra) parental duties (Schieman et al. 2020). Other parents lost jobs, and thus the uncertainties hit hard, given the responsibilities of providing for children and the deep ache of potentially becoming evicted from their home in some countries where social protections were weak. Still other parents were essential workers – and their work became more difficult and exhausting, with added concerns about their own health and their family's health as the possibility of catching the virus was heightened (J. W. Cox 2020).

For one group of parents, typically professionals in more developed countries, the time that they spent for children in paid and unpaid labor was dramatically altered in that paid work moved into telecommuting from home. This then faced direct competition with child care or guided schoolwork that parents become suddenly charged with. A unique feature of the pandemic for parents was the fact that child care and the education of children became fully under their roof. And with few other adults to assist – including teachers who were newly attempting to reach students remotely – this was a complex situation. For a multitude of reasons – technologies, uninterested children, material that did not translate well to online work, parents ended up in the drivers' seats of children's educations – on top of their paid work, if they still had it, resulting in more work-family conflict. This meant to take on the new load of work, parents' mental and physical health could suffer (Chung et al. 2020).

Time parents spent for children during the pandemic also includes another form of labor – that of housework. Here, demands also increased and became more stressful for parents, especially mothers (Chung et al. 2020). During the pandemic, more dishes piled up, shopping became especially fraught and time consuming, and households experienced new levels of use. Perhaps some older children became more involved in helping with household tasks – although for many parents, this may have been offset by difficulties in creating and enforcing new rules for kids, in the midst of the children having to adjust to their own new worlds of the pandemic.

A final key component of parents' time invested for children – what sociologists count as hours of child care in the direct service of children's needs – also increased, sometimes dramatically. Where young children are concerned, this came in the form of direct care that children would have otherwise received from

daycares and elementary schools. Babysitters were typically off limits. Parents thus spent countless extra hours in direct care and supervision for especially young children – something that those without children in the home clearly did not have as part of their portfolio – and as noted, a key feature of this extra child time is that it became in direct conflict with paid work. The hours added up – and piled on top of the housework, and alongside the paid work. The collisions across the forms of work undoubtedly formed new types of work-home conflicts for parents (Schieman et al. 2020).

To underscore the severity of how parents' time *for* children was affected by the pandemic, it is important to note that an entire societal institution – that of education – was cut off from the children (and others) it was supposed to serve – and though this was uneven between and within countries, its effects on parents' lives cannot be overstated. Instructional time by schools dropped dramatically and the content often did not include new material. In some countries, after a period of lockdown, they reopened, though with many uncertainties. However, in many other countries, the vast majority of schools did not reopen in spring 2020, or beyond, creating a chasm of months of unstructured time when the educational content provided by schools was minimally engaging to children. Summer camps, which some privileged parents count on for supporting both care and education for children, were also cancelled or went online from home, across the United States, Canada, and other places. Even into the new academic year, for example in the United States, parents' demands stayed high as they had to supervise and supplement time that children normally spent in educational institutions, when many school districts declared school would be online for the new school year. This effectively places the huge educational workload onto parents for months upon months. This was not just a matter of extra hours that exhausted parents faced in educating children – but as will be discussed later, it placed undue strain on how parents across the class spectrum felt able to safeguard children's futures (Milkie and Warner 2014).

In all, the pandemic created a new world in terms of parents' time *for* children – by increasing time demands on parents in terms of child care and especially creating and overseeing the education of their children (Shafer, Scheibling, and Milkie 2020). For mothers more so than fathers, this pushed some of them to reduce hours or leave jobs and careers when things reached a breaking point (Landivar et al. 2020; Qian and Fuller 2020). For single mothers and fathers, often providing the main income for their children, leaving jobs might have been extremely difficult, even when demands became very high (Rogers 2020), and they likely experienced high levels of distress. The pandemic created more stress linked to the provider role too, as some parents had to work from home when children were present, some became laid off, and others had to work in essential jobs, putting themselves and their families at risk. A small portion of parents, though, may have had steady income even with reduced job demands, and short or no commutes such that the amount of time they spent for children's provision stayed similar or possibly was reduced.

Safeguarding: time toward children's futures

Guiding children is much more than the time parents spend directly with them and for them. Raising kids involves a great deal of anticipatory planning work to attempt to assure that children's pathways are smooth as they grow. Children's successes are often marked and celebrated along the way – which they likely enjoy – but these are also a vastly underappreciated form of rewards from the society for parents. In short, the pandemic may have altered this third form of time for some parents – from hopeful to fearful, and from joyous to filled with loss. This parental *time toward* children's futures became emotionally fraught during the pandemic as rewards lessened and uncertainties rose.

Parenting requires great efforts across many years – through infancy, toddlerhood, childhood and adolescence – and toward an imagined future in adulthood. The markers and rituals that a child moves through are normally multifaceted and meaningful. These are both greatly anticipated and marked socially in dramatic and profoundly felt ways, including through organized religions (e.g., bar and bat mitzvahs, confirmations and first communions), through the education system in the form of graduations, awards ceremonies, musical events, and so on – in high school but also middle and elementary school, and even in pre-K. In extracurricular activities, these are capped by playoffs, tournaments, competitions, awards banquets, and the like, with kids from working-class families typically enjoying at least one team or club, and middle- and upper-class children more regularly participating (Lareau 2003). These events serve as markers of a job well done for parents and a time when they are sometimes formally recognized by schools, community organizations, and the like for contributing time toward children's futures.

The anticipation phase related to these markers are vitally important – in essence it helps parents and children persevere and work hard through the many hours of learning that it takes to achieve. These markers are of the work called *status safeguarding* (Milkie and Warner 2014) – the efforts of parents, most often especially mothers, to maintain their child's move toward success and well-being into the child's future. The pandemic cancellations of children's ceremonies and ritual markers were vast – although many moved online or were attempted in unique ways, parents were prevented from observing key, long-anticipated events with their communities – for example, graduations – in the normal, expected, and highly anticipated ways. Instead of the expected community-level joys at a high school graduation, there was sadness and loss associated with distanced or online ceremonies, if they were conducted at all. Instead of hope about the future of the child's next steps, there may have been apprehension or fear (Null 2020).

The work of safeguarding children's futures became harder for parents, as the rest of the world shrunk away and each household was on its own. Relentless days and weeks of feeling alone in their work of guiding children turned to months of parents feeling relatively isolated in their raising of the next generation. Moreover, fears related to children's futures likely increased a great deal, making the time parents spent monitoring, planning, and organizing for children's daily lives and

building toward their futures more fraught with questions about whether the future they once expected would look the same. An expected pathway (at least for the globally privileged) – a quality education leading to a college degree and a decent job – appeared increasingly precarious, as education became upended and good jobs – already precarious – became even more so.

Unevenness across social statuses: time inequality and parents' lives

Parents' time with and for children, and their time in working toward children's futures, absolutely and dramatically shifted during the pandemic. But the differences among parents are many, across a number of parents' central statuses. For one – were parents comfortable, income-wise, with a great deal of wealth to support their lifestyle? Or were they just getting by, and perhaps experiencing a loss of income due to a temporary or permanent job loss, to add stress to their provider role? Parents' economic status sharply determined how they experienced time with and for children during the pandemic. Those with large homes, multiple technologies, adequate transportation, and money to buy new things during otherwise economically constrained times would be more easily able to weather the time shifts with their children. Those at the other end of the SES spectrum became at further disadvantage during pandemic times, with lost work or more stressful situations regarding their children's educations evident. Single parents may have been at great risk of both economic precarity and overload from extra time spent on children's provision. In terms of children's futures, wealthier families may have gained even more of an edge as they scrambled to safeguard their children's academic distinctions, talents, and happiness (Milkie and Warner 2014) when pre-pandemic education and extracurricular systems were upended. Thus, parenting inequalities prior to 2020 became exacerbated as the pandemic wore on.

The parental roles of mothers and fathers also mattered a great deal as to how they experienced the work of childrearing in the pandemic. Fathers stepped up their work in the home during the early months, in both housework and child care (Carlson, Petts and Pepin 2020; Craig and Churchill 2020; Shafer, Scheibling, and Milkie 2020). But more so than mothers, fathers might feel the pressures of time *for* children through paid work and how it changed. Mothers also experienced more work occurring through housework, child care, and the education of children (Shafer, Scheibling, and Milkie 2020). As the pandemic continued, and some changes to time with children became entrenched, the direct conflicts with paid work became more glaring. Some parents, but most often mothers, had to reduce their paid work hours or leave the workforce, exacerbating gender inequalities between mothers and fathers (Landivar et al. 2020). Mothers did so in order to manage family life during pandemic times (Qian and Fuller 2020), helping “solve” the problem of demands from children's care and education in the short term, but at potential cost to mothers' own career and future well-being. Will the pandemic

mean that it is mothers whose careers become sacrificed, where governments and workplaces cannot prioritize children's care and education? Research from early in the pandemic, such as that by Qian and Fuller (2020), shows that because mothers' work was devalued prior to the pandemic, and due to the wage gap that in part exists because of the care work mothers are pushed to take on, mothers did reduce hours or leave paid work more than fathers did. The pandemic will likely have long-term effects on mothers' care time and in exacerbating gender inequalities (Chung et al. 2020; Craig and Churchill 2020; Landivar et al. 2020).

Changing values: parents' and society's

As the pandemic became enduring over many months, the possibility of redistributions of how, with whom, and where parents spent their time potentially shifted more permanently. As parents weathered the storm of the pandemic, and as they led their children through this difficult time, values related to health, education, and inequalities and how parents spend time became clearer. How does parents' time for children and their futures matter in a society? What is the social response (Ryan 2021, this volume) to the way that the virus has upended children's education and care and parents' lives? It is an underappreciated question – but one that could, and should, be asked more often. How parents' time is important became more obvious during the pandemic as parents scrambled to do it all, including working for pay (if they could maintain their employment) alongside also caring for and guiding, supplementing, and even creating children's education from home. Parents' new stressors in the form of big workloads and exhaustion became glaringly clear. The need for prioritizing education and child care so that parents can distribute their time allocations in a healthy way across paid work and care became more dire in places where parents were most disadvantaged prior to 2020 (Collins 2019; Glass, Simon, and Andersson 2016). A lack of investments in children, and thus in their parents, must be recognized as a structural problem to be addressed (Folbre 2008; Manzo and Minello 2020). How do, and how will, local, state, and federal governments prioritize children and parents, particularly those with fewer means? Will governments invest in supporting high-quality care and educational systems that not only help children but also ease time burdens on parents (Folbre 2008)? Do they recognize the great investments many parents make in terms of time for and with children – both of which have become more stressful and burdensome during the pandemic? Will they support parents, especially those with fewer resources, in investing in children's futures? How do governments help the well-being of this vitally important group raising the next generation?

Conclusion

In all, the unpaid work of parenting has been put into shock, as the juggling of the roles of parent and worker became upended in the pandemic, and normal time

schedules and timelines exploded. What were taken-for-granted ways of parenting in many societies at the turn of the decade – parenting that was described as “intensive” (Nomaguchi and Milkie 2020) due to the deep financial and time investments parents made into children – is now even more so. Time spent with and for children took on, and will continue to take on, new forms and meanings. Given parents’ time allocations and well-being are relevant not only for themselves but also for the next generation of citizens, assessing the pandemic’s shock on parents’ time strains and mental health is vital. How societies support parents through the pandemic will have a lasting impact on those currently raising children during this era. More importantly, these supports will also be manifest now and for generations to come through how the children and youth of 2020, and potentially beyond, weather this storm.

Notes

- 1 However, for parents with few resources, ingredients and time needed to try new recipes may have been scarce. Indeed, for many parents with lower incomes, even feeding their families had to be renegotiated during pandemic times. Given that children’s meals had been delivered at school through government or other programs, new routines to obtain regular meals became necessary with school closures (Dunn et al. 2020).
- 2 There are clearly overlaps between what I distinguish as time *with* and *for* children. I count the basic physical care of young children, which takes large amounts of time, as being part of time provided for children in unpaid care work. Beyond physical care, childcare in the time diary literature (e.g., Musick, Meier, and Flood 2016) also includes teaching, educational activities, and helping children, which became heavy during the pandemic, and I include in this category of time spent for children. Time spent with children includes more of the interactive leisure-like activities, discussed earlier. The lines of time *with* versus *for* children, though, are drawn here only for analytical purposes.

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14

SITES OF SILENCE

Deaf online communication in the time of corona

Marilyn Plumlee

As the COVID-19 virus spread around the globe in the spring of 2020, confinement protocols dramatically reduced face-to-face interaction opportunities for the majority of the world's population. The resulting social isolation led to a surge in use of the internet as it became a lifeline for people searching for virus-related medical information and for sources of financial support, food, and essential supplies, along with entertainment and leisure-time distractions. It also became the lifeline for those seeking to stay socially connected to their network of friends and family. For one group of people – the Deaf¹ – the opportunities afforded by the internet to communicate with other Deaf people during this crisis became even more significant. Under the best of circumstances, due to communication barriers resulting from the inaccessibility of audio input, Deaf people have less access to information than hearing people have. Under imposed COVID-19 quarantine regimes, movement restrictions created additional barriers to accessible information sources and reduced opportunities to meet with people sharing the same language who could provide missing information as well as social support. The increasingly strict restrictions on normal modes of interaction as news of the severity of the pandemic's spread threatened to lead to a heightened sense of isolation. These circumstances motivated tech-savvy Deaf people to turn to an online platform for support from other Deaf people.

This study thus focuses on the online communication among a group of Deaf adults in Kazakhstan in the spring of 2020 as the spread of coronavirus accelerated. There were nine participants, all friends who interacted socially offline when not under lockdown. After the introduction of confinement regulations in March 2020, they established a support group on the WhatsApp platform, which they called “Antistress.” They collectively posted 14,066 messages between March 28 and July 4, 2020, the period of this study, at a rate of sometimes over 500 messages per day during peak periods of concern and stress.

This study analyzes the themes expressed in these messages as well as the social interaction moves engaged in, focusing on two aspects of the group's interactions: what aspects of the COVID-19 crisis were most salient for participants and emerged discursively in their "Antistress" group, and what the "Deaf" *habitus* is in their communicative practices.

Cross-border and international communication

The worldwide pandemic has introduced a sense of shared collective experience among much of the world's population. That same sense pervades Deaf communities. Even prior to the spread of the coronavirus, Deaf people were communicating transnationally both in real spaces where international Deaf events were convened and in cyber spaces. The vocabulary of the national sign languages varies by country, but there are a sufficient number of grammatical features shared in the visual modality that proficient signers can improvise an *ad hoc* form of communication known as International Sign (IS) that leads to extended communication within minutes of first contact. (For further discussion of international Deaf spaces and International Sign, see Supalla and Webb 1995; Moody 1987, 2002; Plumlee 2009; Hiddinga and Crasborn 2011; Green 2014; Crasborn and Hiddinga 2015; Friedner and Kusters, eds. 2015.)

This intelligible cross-linguistic signed code (IS) that fluent signers can generate after a brief exposure and without lengthy formal instruction accounts for the ability of Kazakh Deaf signers, particularly those with prior experience meeting signers who do not use Russian Sign Language (RSL), to largely comprehend signed recordings posted in IS, albeit with gaps in understanding some specific signs.

Theoretical framework

One might reasonably ask the purpose of studying a minority representing just over 6% of the world's population (www.who.int/pbd/deafness/estimates/en/) and whose members struggle to be recognized by the majority culture due to significant linguistic and attitudinal barriers. With so many people suffering worldwide in the era of COVID-19, do the perspectives of Deaf Kazakhs have something to contribute to the worldwide discussion on how to deal with the current or predicted challenges of the post-COVID-19 period? The answer to this question lies in the position one takes on the value of human diversity and human rights for minorities. If we concede that studying the planet's human diversity is an intrinsically worthwhile endeavor and that all minorities have a right to be shown respect and a right to realize their full potential, then yes – the Deaf minority's contribution to an examination of the full spectrum of human diversity has a rightful place at the discussion forum. Note that the estimated number of deaf people in the world in 2020 (466 million) surpasses the total estimated population of the United States (331 million). In an era when the COVID-19 pandemic has revealed stark individual and societal vulnerabilities (see Nanda 2021), there is a growing recognition that more attention needs to be given to equitable treatment of heretofore marginalized

citizens. In this era of increased sensitization, the time is certainly right to ensure that the realities of Deaf lives are also portrayed.

Furthermore, as Ryan (2021, this volume) stated, one of the goals of this volume is to unveil individual and social inequalities. This study, then, hopes to shed light on the experiences of members of a Deaf community as they navigate the uncertainties of the coronavirus pandemic from their vantage point of a vibrant but often misunderstood linguistic and cultural minority and to make that community more accessible and more relatable to members of the majority culture.

Underscoring the importance of documenting the Deaf experience during the pandemic, two scholars who conducted an exhaustive review of the research on sign languages and deaf experiences in several countries had this to say about the relevance of studying deaf cultures:

Anthropological studies show us that deafness impinges on many aspects of human activity. Furthermore, studies involving deaf people reveal issues of general anthropological significance, even to those who may not (yet) have particular interest in issues of deafness. For example, social organization, identity, culture, ideology, and sociolinguistic variation are all issues [of concern]. The social implications of deafness are often counterintuitive and merit more than commonsense assessments. Deafness is, at least in part, a social construction.

(Senghas and Monaghan 2002, 70)

To determine the Deaf cultural norms of interaction that the participants oriented to in their postings to the WhatsApp group, two key principles of the ethnography of communication were utilized, i.e., observation of topics raised for discussion by the group members and attitudes toward these topics. An ethnographic approach to the Deaf group's communication was opted for, since, as Saville-Troike (1989, 107–8) has stated, “[o]bserved behavior is now recognized as a manifestation of a deeper set of codes and rules, and the task of ethnography is seen as the discovery and explication of the rules for contextually appropriate behavior in a community or group.” In addition to the ethnographic framework that focuses on behavioral moves in established communities, to ascertain the salient aspects of the group's engagement with the COVID-19 pandemic, the study used discourse analysis as a complementary approach, which emphasizes the linguistic component of an interaction.

Design of the study: participants, data, and research methods

The participants

The participants all reside in Kazakhstan and they had all been living in the capital city of Nur-Sultan (formerly known as Astana) prior to the outbreak of the

pandemic. During the coronavirus quarantine period, several returned to their hometowns in other regions of Kazakhstan. Other than the author of this study, the participants in the WhatsApp group consisted of nine individuals, eight of whom are deaf: three women and five men. The ninth member of the group is a trilingual hearing woman who has deaf parents, i.e., she is a native RSL signer and speaks both Russian and Kazakh. The hearing woman works as a professional interpreter in the local deaf community but is also a personal friend of the deaf members of the WhatsApp group and socializes with them outside of her professional role as a community interpreter. The nine participants range in age from 22 to 35.

The basis of my relationship to the group is that I am proficient in American Sign Language (ASL) and International Sign (IS) and have an international circle of Deaf friends. I have been learning Russian Sign Language through contact with the local Deaf community in Kazakhstan for approximately one year, which afforded me “guest status” within the group. I functioned primarily as an observer and only occasionally actively participated in group discussions.

In their postings, the Deaf group members use both written Russian, the language in which they were educated, and Russian Sign Language (RSL). Because RSL is also the sign language used by Deaf people in Russia and in other former Soviet Central Asian Republics as well as in several countries of Eastern Europe, the Kazakh Deaf have access not only to their own Kazakhstan-based support group, but also to a large pool of Deaf RSL signers who regularly post on Instagram, YouTube, or other social media platforms. RSL thus serves as a lingua franca across national boundaries and connects Kazakh Deaf people to an international pool of Deaf interlocutors and bloggers.

Seven of the nine group members posted actively to the group, usually on a daily basis. Over the 14 weeks of the study, the group generated a total of 14,066 postings, i.e., the WhatsApp group was intensively used by the members to communicate with each other while under varying stages of lockdown.

The data: general description

The main corpus consists of the 14,066 postings to the WhatsApp group called “Antistress,” which was initially launched on March 3, 2020, by one of the members of the Deaf community of Nur-Sultan. On March 28, the founder of the group invited me to join them. Most of the members of the group were already acquainted with me, and we had previously interacted socially several times in offline contexts. I did not initially intend to analyze the postings on the WhatsApp group to which I had been invited, but several days after joining the group, I realized that the conversations presented a unique opportunity to document how the coronavirus pandemic was being experienced by individuals in an underdocumented culture-specific group. After obtaining general consent from the founder of the group to analyze the messages for publication, and after approval from my institutional review board, I then obtained consent from the group members to

proceed with the analysis of their postings. The data consist of postings to this group beginning from March 28 through July 4, 2020. Of the 14,066 postings, the majority (8,885) consists of the members' own written text messages, usually written in Russian in a cryptic shorthand style in a bantering, informal conversational register. The remaining 5,181 postings are in various multimedia formats, which can be divided into three categories: (1) still images, consisting of emojis, selfies, forwarded GIFs, or scenes they encountered in their daily lives and recorded on their own phones; (2) filmed scenes of daily life during the pandemic such as flooded streets, dinner gatherings with friends, police raids on noncompliant public gatherings during the confinement period, and forwarded postings from international websites, usually of a humorous nature; and (3) messages in sign language, i.e., "selfie"-style uploaded videos.

The corpus contains 1,101 messages in sign language, which can be further subdivided into two groups: (1) messages in sign language that the members recorded of themselves (486) and (2) forwarded sign language recordings originally posted by Deaf people in other countries (615). Postings from other countries usually originated from within the former Soviet-influenced sphere and were usually signed in RSL, although occasionally the members posted sign language videos recorded in International Sign or other sign languages.

A number of the uploaded media postings contained audio tracks in spoken Russian lacking written titles or captions, which would have rendered them fully accessible to Deaf viewers. However, these uploaded clips were visually humorous and could therefore be enjoyed by a deaf viewer without relying on the audio track. The presence of these Russian language clips with audio soundtrack is a clear indication that the participants were browsing Russian-language websites beyond those created by and for Deaf people.

The research methods

The corpus of 14,066 messages was downloaded and archived. The 8,885 written Russian texts were translated into English using an automatic translation application. The 5,181 multimedia texts, of which 1,101 were in sign language, were preserved in their original format so that they could be consulted for content relevance. Postings mentioning the coronavirus situation or that reflected a Deaf perspective were culled from the corpus. Signed messages were also reviewed to ensure that their thematic content would be included in the categories retained for analysis. The selected texts were then categorized and coded for further analysis, a summary of which is presented in this study.

To determine the norms of Deaf culture appearing in the data, a triangulated method was used: (1) explicit mention of deaf-related experiences in group members' postings, (2) review of the published literature on Deaf culture norms by both hearing and Deaf authors (see, *inter alia*, Lane 1984; Padden and Humphries 1988; Wilcox, ed. 1989; Ladd 2003; Pursglove and Komarova 2003; Bauman, ed. 2008;

Ladd 2003), and (3) reliance on my own familiarity with multigenerational Deaf communities, gained from years-long relationships with Deaf people in several countries.

The next section will present findings of the study, in response to the two main questions the study was designed to answer:

- 1 What are the responses and reactions to the coronavirus pandemic in this community, and
- 2 what is “Deaf” about interactions within this group of Deaf people?

Findings: emergent themes

The themes emerging in the data are presented in two sections, with illustrative examples from the corpus: (1) themes related to the pandemic and (2) themes reflective of Deaf perspectives.

The discussion threads related to the pandemic centered on the five following themes:

- 1 Medical questions and infection rates
- 2 Government announcements: lockdown measures; procedures for obtaining government subsistence payments
- 3 Employment
- 4 Apprehension, frustrations, complaints, suffering, and sorrow
- 5 Displays of socializing and relaxing despite COVID lockdown or during periods of loosened restrictions

The discussion threads reflecting Deaf-specific concerns fall into the following seven categories:

- 6 Group solidarity (care, support, and affection)
- 7 Language and communication: literacy and information gaps; seeking explanations from other Deaf
- 8 Accessibility issues; misunderstandings with hearing people
- 9 Seeking or offering pandemic-related help
- 10 Social responsibility and assistance to others (non-group members)
- 11 Miscellaneous topics of conversation
- 12 International network of online resources in sign language

While the research questions are separated into two separate categories (pandemic-related and Deaf-related), the two themes in some cases overlap as when sharing pandemic-related information from international sources in sign language or relying on a trusted hearing person to provide information about how to obtain government subsistence payments.

Pandemic-related themes

Related to theme (1) “Medical questions and infection rates,” the group members were active in searching out and sharing information throughout the spring and on into the summer of 2020. This usually took the form of uploaded lists from internet sites detailing the number of daily infections in the world or in regions of Kazakhstan. These basic facts were not readily accessible to all members of the group, particularly in intermittent periods when a local television station cancelled sign language interpretation of the evening newscasts, which led to low viewership by the Deaf. On key dates in the pandemic, when high infection rates due to the virus or death toll counts in Kazakhstan were announced, or when tightening, loosening, or further restricting of the confinement measures were announced, there would be an increase in the postings and comments on this topic.

The comments related to theme (2) “Government announcements: lockdown measures; procedures for obtaining subsistence payments” and theme (3) “Employment” were more frequent at the beginning of the period under study, as these deaf citizens, along with other Kazakhstanis, tried to determine if they qualified for the government support programs being launched. These extracts illustrate the tendency of Deaf people to reach out to and rely on other Deaf people or a trusted hearing person who signs to provide them with accurate information, since communication is often frustratingly incomplete or imprecise with hearing members of their families. One of the key issues during the pandemic was to know the specific amount of subsistence payments that people with disabilities would receive and whether it was based on their employment status.

The postings related to theme (4) “Apprehension, frustrations, complaints, suffering, and sorrow” all document the emotions the group members were experiencing during the period, particularly at the beginning when people in Nur-Sultan were under a strict lockdown order and were not yet accustomed to staying home for long periods of time. Utterances like “it’s the end of the world,” “I lost my mind bored at home,” “we cannot sit at home, going mad,” and “as if everyone is sitting under house arrest, it is horrible” indicate the level of frustration experienced. Other statements contain slightly more upbeat and practical attitudes to the restrictions, with members suggesting positive perspectives on the mandated movement restrictions (e.g., “think of your mom and dad,” “lucky to walk,” “maybe you can call people you know” [to find out if service stations are open]).

For theme (5) “Socializing and relaxing despite COVID lockdown or during periods of loosened restrictions,” the corpus contains many examples of jocular-ity and humor in the group. In one posting, the members are playfully telling each other what they are dreaming of eating or doing whenever the lockdown is lifted. One says he misses going to KFC, another dreams of eating raw fish, and yet another asks when they can all go eat shashlik, to which the joking response is “you’ll lie on the sofa like the Sultan of Turkey.”

Deaf-related themes

The excerpts illustrating theme (6) “Group solidarity” demonstrate the strong bonds of friendship and affection between the group members. Their feelings are sometimes expressed with great seriousness and solemnity: “I feel like I will die soon” or “Guys, I love you all . . . If I die remember this . . . I forgive everyone, and forgive me, my fav people,” when referring to their anxiety and the very real possibility of dying in the context of the coronavirus pandemic. In another posting, group members are telling the hearing woman that she should protect her health and not get exposed to the virus by going to work as an interpreter, to which she replies that she is under government orders to continue to work in spite of the risks: “just telling you that I love you. What can I do? It is my job.”

The corpus contains several threads related to theme (7) “Language and communication: literacy and information gaps; seeking explanations from other Deaf,” and it is here where the sensitive issue of limited literacy and general knowledge emerges. The striking feature of these examples is that the people involved, communicating within a safe “Deaf space,” display no embarrassment or hesitation to ask for help. The more informed or more literate members step up immediately to perform their expected roles of providing support to those who have asked for explanations, as in the following example: One member has been told that he needs a cholesterol blood test for pain in his legs, to which he responds, “To be honest, for the first time I see the words of cholesterol well what is it,” to which a female member responds succinctly: “Cholesterol can get sick, bile and fat. There are two kinds – good and bad.”

Corpus excerpts illustrating theme (8) “Accessibility issues; misunderstandings with hearing people” were generally fewer in number and more placid and non-confrontational than I had anticipated, accustomed as I am to interacting with more “activist” Deaf in other countries who have much greater legal entitlement to access and are more outspoken in expecting accommodation to Deaf communication needs. In the corpus under study, there were relatively few expressions of frustration at dealing with the hearing world, possibly because everyone was under more or less stringent lockdown orders and therefore had fewer face-to-face contacts and communicative encounters with hearing people outside their personal network.

On theme (9) “Seeking or offering pandemic-related help,” several threads were initiated in the corpus. In late June, when lockdown measures were relaxed, several of the members took trips to lakes within driving distance and posted pictures of themselves wading in the water. In Nur-Sultan at that time, it had become difficult to obtain certain medicines to treat symptoms of COVID-19 or “pneumonia” as it was being labelled. When one member heard that two other group members were staying for a few days in another town, she asked them to try to buy packages of paracetamol for her. That text thread, accompanied by images of the needed product, stretched over several days as the search continued. The efforts of the travelers

were in vain, as pharmacies in the small town were also out of stock. However, several of the group members persevered on behalf of their friend, inquiring at various pharmacies. Eventually one person managed to obtain the medicine, although in limited quantity because there were restrictions on how much one customer could buy.

A unique deaf-centric pandemic-related thread that showed up in the corpus was images of special “masks for deaf.” One such mask manufactured in Indonesia was featured on the German news channel DW (Deutsche Welle) and was apparently widely shared among Deaf people worldwide. One person in the WhatsApp group forwarded the news item, which featured a see-through transparent window around the mouth area to enable lip-reading. From Spain, an image of another deaf-specific mask was uploaded to the group displaying the words “Soy Sordo” in Spanish (*I am deaf*) on one half of the mask and the international symbol of deafness on the other half, alerting hearing people that the deaf mask-wearer would not be able to communicate if the hearing person’s mouth were covered with a mask.

Deaf people are said to live in a “Deaf world,” but the WhatsApp group members clearly display their sense of belonging to a wider world as well. Illustrating theme (10) “Social responsibility and assistance to others (non-group members),” a female member states she does not want to engage with the group that day, saying “April 1 is a day of jokes [but] I understand clearly the pain for Italy and China and the world has taken a lot of people from life. I don’t want to laugh on April 1st. At least the coronavirus would go away would be better. Laughter is not my day today.”

Another thread related to social responsibility emerges when a male member mentions having talked for the first time with a homeless person. He says he feels sorry for the homeless and “I will help giving them 200 tg at least” (“tg” stands for *tenge*, the Kazakh currency). A female joins the thread, recounting how she too had given money to a homeless person:

I waited for the bus in winter, it was cold here. I saw the homeless person he didn’t have money. People didn’t stop and then he asked everyone money for the bus. I had my last 500 *tenge*. I gave it to him and he was very grateful.

She goes on to say that someone who had seen her act of kindness then offered her 500 tg, which shocked her because, as she says, “it was my help” to give to the homeless person. The female member does not say so, but it seems that the other bus passenger, having noticed that a deaf person had given money to the homeless person, then “took pity” on her as a deaf person and gave her the equivalent amount, which shocked her because she does not consider herself needy and she is certainly not a beggar.

Under theme (11) “Miscellaneous topics of conversation,” many topics were raised in the group over the 14 weeks. These topics reflect the embeddedness of the WhatsApp group members in the local Central Asian culture and their knowledge

and engagement with the Kazakh cultural context. One posting clearly reflected the status of Kazakhstan as a former Soviet republic familiar with Soviet film productions when a member uploaded a brainteaser consisting of emoticons symbolizing old Soviet movies, asking other group members to figure out the references. Another example of the prevalence of the Soviet legacy in Kazakhstan occurred when the hearing woman posted to the group saying she had “goosebumps” while interpreting WWII films commemorating Victory Day (celebrated annually on May 9). When asked to explain, she briefly recounted the film contents as being “the story how Hitler attacked, how the CIA informed Stalin, how Kazakhstan people suffered” for the USSR’s war effort. Another thread discussed some negative Kazakh perceptions of Uzbek cultural practices such as bride “kidnapping” and a preference for sons over daughters, cultural practices which one member reminded the group are actually still found in modern Kazakhstan. On other days, similar to the worldwide trend during the pandemic confinement period, group members showed videos of home food preparation and discussed their preferred regional or family specialties.

With respect to theme (12) “International network of online resources,” most of the evidence of the WhatsApp group members’ engagement with Deaf people in other countries can be found in the forwarded multimedia posts to the group to be viewed as images. Many of the forwarded images or recordings originated with Deaf signers using RSL, from either Russia or other RSL-using countries under the influence of the former Soviet Union. Posts from further afield included images of Indonesian Deaf women making masks with transparent windows enabling Deaf people to read lip movements or see facial expressions. Uploads from abroad also included blogs by Deaf people from India talking about problems of child labor and by Deaf people from the Arab world explaining their situation during the pandemic. Other posts consisted of humorous videos from international Deaf signers – possibly of the “fake news” variety – talking about such topics as killer insects, marital relations, or unusual – perhaps staged – street events in their countries.

Illustrative of online pandemic-era initiatives providing new opportunities for Deaf people to socialize within a signing, accessible platform was the show “Kitchen,” live-streamed on May 30, 2020, featuring two Deaf performers. Andrey Dragunov, a Deaf Moscow-based Russian performer known as “Finger Dancer,” and Igor Sapega, a London-based professional Deaf chef, teamed up to offer a transnational participatory cooking class. Andrey functioned as the emcee, chatting in IS with international Deaf viewers, while Igor’s Ukrainian wife Laura coordinated communication from London with Andrey and the international participants in several sign languages.

During the pandemic’s strict confinement period when people were unable to attend cultural events, locked-down hearing audiences worldwide were able to enjoy musicians and artists presenting impressive synchronized home-based, live-streamed opera performances or concerts. In the Deaf world, however, there had been no event equivalent to the live-streamed concerts available for hearing people until the cooking show debuted. International Deaf festivals previously scheduled

to be held in the USA, Egypt, and Kyrgyzstan in 2020, the equivalent of cultural and sporting events in the hearing world, were cancelled for the remainder of the year.

This live cooking show, created in response to strict pandemic lockdown measures, was a significant event for the Deaf worldwide. The event attracted 2,253 viewers in real time and the recorded version had received over 18,000 views on Instagram as of August 2020. This Deaf-accessible visual space with entertaining content offered Deaf people, including Kazakh Deaf viewers, a unique opportunity to experience international connections online as a substitute for cancelled offline events.

A stellar example of the international communication network among Deaf people occurred on the final day of data collection, July 4, 2020. On that day, a compelling post was forwarded by one of the Kazakh WhatsApp group members, which provides a fitting conclusion to this study of how these nine members of the Kazakh Deaf community experienced the spring 2020 coronavirus pandemic. The post featured a young Deaf man lying on a bed in Bishkek, Kyrgyzstan, while being supplied with oxygen through a nose tube. The young man was obviously distressed and had a fearful look on his face as he labored to sign a warning message in RSL from his sick bed, indicating his emotional stress over his illness and repeatedly telling all Deaf people how important it is to wear a mask to protect themselves and to protect others from catching the virus. He concluded by saying he was fighting the virus and hoping for the best. Reactions from the Kazakh WhatsApp group upon seeing this video were to repost it again within the group and to make comments on it ranging from “horror” to “no words.”

The video recorded by this COVID-infected Deaf man served to underscore the ultimate danger threatening the well-being of everyone during the pandemic period. Hearing people had regularly been seeing and hearing such testimonies of infected people on a daily basis through the media, but on this occasion the group members were exposed to a vivid personal account in sign language by a Deaf person. The posting brought home the reality of suffering experienced by someone who catches the virus.

Thus this signed video message originating in Kyrgyzstan, sent to a circle of that infected man’s Deaf friends, who then forwarded it to their own circle of Deaf friends, ultimately including the unspecified Deaf friend who forwarded the message to a member of the “Antistress” group in Kazakhstan, who in turn posted it to his own friends in the Nur-Sultan Deaf community, dramatically underscores the sense of connectivity of Deaf people in ever-expanding circles of friendship and mutual support.

Conclusion

Although this WhatsApp group cannot be taken as representative of all Deaf people in Kazakhstan, the data suggest that Kazakhstani Deaf conform to many cross-national Deaf cultural norms, primary among which is proficiency in their national

sign language rather than the majority spoken language as their primary and most efficient means of daily communication. However, they are clearly sufficiently literate in written Russian to rely on text messages for approximately 63% of their postings in this online medium, the remainder of which consisted of uploaded images or recorded video messages in Russian Sign Language.

Because this study was conducted in the context of the COVID-19 pandemic, there was an undercurrent of stress and uncertainty present in many of the postings. This context naturally gave rise to numerous instances in which Deaf in-group solidarity was in evidence. Deaf in-group solidarity extended to encompass forwarded postings to the WhatsApp group of information made available online by Deaf people in other countries regarding precautionary measures to take. Whether such outreach to foreign sources of information would be a normal reaction for members of this group when not under the stress generated by the pandemic is an open question. Within the group itself, the content and style of the postings reflects a significant degree of trust in and reliance on each other and Deaf-enculturated hearing friends to provide access to up-to-date information. This was particularly evident in pandemic-related questions such as following the ever-increasing rates of infection and mortality, staying informed about constantly evolving government lockdown measures in response to infection and hospitalization rates, and finding out how to obtain government subsistence payments or distribution of free food.

In addition, content of the group's 14,066 postings over the four-month period provided ample evidence of group members' willingness to support each other emotionally on days when anxiety, uncertainty, confinement fatigue, or concern over unwell family members suspected of being infected with the coronavirus caused high levels of psychological duress.

The interactions documented under both the pandemic-related themes and the Deaf culture themes are all indicative of what Buzolits et al. (2021) term "prosocial behaviors," i.e., positive responses at the interpersonal level in the service of "trauma stewardship." These interactions also provide examples of negative responses, which Buzolits et al. (2021) classify as "trauma exposure responses." The most salient of these in the corpus were feelings of helplessness and hopelessness, minimizing one's own situation compared to the suffering of others, hypervigilant activities such as frequently paying attention to media coverage of infection rates and death tolls, uploading of purportedly humorous but often grim or gruesome video scenes as a distraction from the tedium of daily life under lockdown measures, and expressions of grief and loss.

As this chapter goes to press in the latter half of 2020, the WhatsApp group, which was the primary focus of the study, continues to actively function. The number of infected cases is on the rise around the world. In Kazakhstan, the public health situation is still worrisome as of the time of writing as hospitals have reached bed capacity and testing capacity has been depleted. Nur-Sultan, Almaty, and other urban centers are under a new wave of restrictions in an effort to contain the spread of the virus. International border controls are still in place, as is intercity travel. While the sense of solidarity and mutual support among this group seems

solid, how the members of the group will weather the pandemic collectively over an extended period remains to be seen. Based on the continuing flow of messages, it appears they are creating their own “pandemic bubble,” i.e., a circle of trusted friends with whom they occasionally interact offline as the pandemic persists and confinement protocols remain in place.

To my knowledge, this is the first study of any aspect of the Kazakhstani Deaf community published in English. The field is thus wide open for future studies to constitute a baseline of information about the country’s Deaf communities. Surveys of the Deaf population and their educational and employment status would be a starting point, but finer-grained ethnographic studies of the social, cultural, and personal networks would also reveal much about the lives of Deaf Kazakhstanis.

The most critical need appears to be for a committed constellation of engaged Kazakhstani Deaf community members to coalesce around the goal of collectively asserting their needs and aspirations within the appropriate political context of their country. If collaboration with academic researchers and a sense of ownership of the results of that research can serve to ignite such a spark among the Deaf of Kazakhstan, then scholars will have served not only the valid purpose of dissemination of knowledge but also the higher purpose of facilitating access to human rights.

Note

- 1 It is customary to refer to Deaf people with a capitalized “D” in English when referring to individuals who consider themselves members of a cultural group rather than as patients with a deficiency to be “cured” by medical professionals. The term “deaf,” written with a lowercase “d,” refers only to the medical diagnosis of hearing loss.

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15

PEOPLE'S EXPERIENCES AND ATTITUDES DURING THE COVID-19 PANDEMIC IN THE UNITED STATES AND POLAND¹

Magdalena Szaflarski

Countries around the world have responded differently to the coronavirus (COVID-19) outbreak. Reasons for these variations are rooted in specific socio-cultural contexts, healthcare systems, and geopolitical locations. As a result of unique societal conditions, COVID-19 experiences and public views of the crisis are also expected to vary. However, similarities in experiences and attitudes are also expected due to the nature of the virus (SARS-CoV-2) being constant and requiring similar responses. In addition, countries located within regional or geopolitical blocs and ones with similar ideologies may show comparable social experiences and attitudes. Much remains to be learned about the COVID-19 social milieu from cross-cultural perspectives.

This study compares people's COVID-19 experiences and attitudes in the United States and Poland. The United States has a history of relatively stable democratic and market systems and has been a global power. However, right-wing tendencies have been strengthening in the United States over the last two decades, leading up to and reinforced by the election of Donald Trump, a populist president (Conway et al. 2018; Conway, Repke, and Houck 2017). Poland has had a violent modern history, being a central site of World Wars I and II and Soviet-style communism (1945–1989). Since 1989, Poland has built a Western-style democratic state and market-based economy, one of the most successful within the former Soviet bloc (Petrova 2012). Poland is a member of the European Union (EU), but in recent years has moved toward populism and nationalism, aligning the state close with the Roman Catholic Church, de-liberalizing, and departing ideologically and practically from the EU (Fomina and Kucharczyk 2016; Przybylski 2018; Rupnik 2018). This is where the contemporary US and Polish societies overlap: Both currently have populist-type rule and are socially split along the right-wing and liberal/progressive lines. Attacks on the media and distrust in science have strengthened in both countries (American Association of University Professors

(AAUP) 2017; Iyengar and Massey 2019; Rotkiewicz 2018), impacting COVID-19 national responses, messaging, and public attitudes (*The Lancet* 2020; Breczko 2020).

The first US COVID-19 case was reported on January 20, 2020, and a US ban on arrivals of foreign nationals from China was implemented on January 30 (Centers for Disease Control and Prevention [CDC] 2020; Muccari, Chow, and Murphy 2020). The White House Coronavirus Task Force was announced on February 29. Poland's first case was reported on March 4. Within a week, Poland banned large gatherings and mandated all schools and educational institutions to close, including preschools and daycare centers (Pinkas et al. 2020). Around that time, many US states also announced school closures. On March 13, both countries declared a national state of emergency, but while the United States focused on international travel bans and formulating a national strategy, Poland moved quickly to a national stay-at-home order on March 24 and additional requirements (face masks, social distancing) and restricted mobility by March 31, following the EU recommendations. As the cases began to surge in New York City, Poland had already been almost completely shut down.

In late March, the US states began issuing new stay-at-home orders and extending school closings. By early April, about 95% of those in the country were under lockdown. While US cases surged through April and May, Poland implemented a national face mask and social distancing order in mid-April and began loosening restrictions (onet.pl 2020). Public places and nonessential businesses reopened by mid-May under strict rules of social distancing, mask wearing, and quarantine of positive coronavirus cases. The US states started to reopen in May, too, but with delayed and poorly articulated and poorly followed national reopening guidelines. Social gatherings and travel around the Memorial Day holiday in late May resulted in increases in infections observed by mid-June. By the end of June, most US regions showed rising infections, with another wave of spikes following the July 4th holiday. By mid-July, all but six states reported increases in new cases, and almost 70,000 new cases were added in the country in one day (CDC 2020). Increases in hospitalizations were also noted in all age groups.

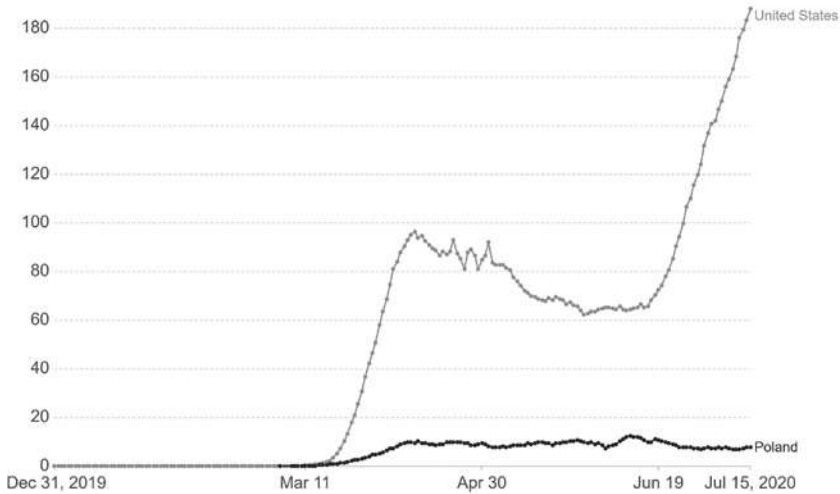
The coronavirus trends in the United States and Poland are shown in Figure 15.1. The differences between the two countries based on the data available are striking. The impact of coronavirus in Poland so far has been markedly lower than in the United States. Poland's relatively low COVID-19 impact is likely due to the early mandatory closings and stay-at-home orders and their strict continuation for about two months. Businesses deemed less safe, such as movie theaters and fitness clubs, remained closed for about three months. Strict rules for reopening have also likely kept infections down.

This study aims to provide further understanding of how country context, along with personal beliefs (political, religious) and sociodemographic factors (e.g., age, socioeconomic position), shape people's coronavirus-related experiences and attitudes. The issues are examined using online survey data collected in June and July of 2020 from individuals 18 years and older in the United States and Poland.

Daily new confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.

Our World
in Data



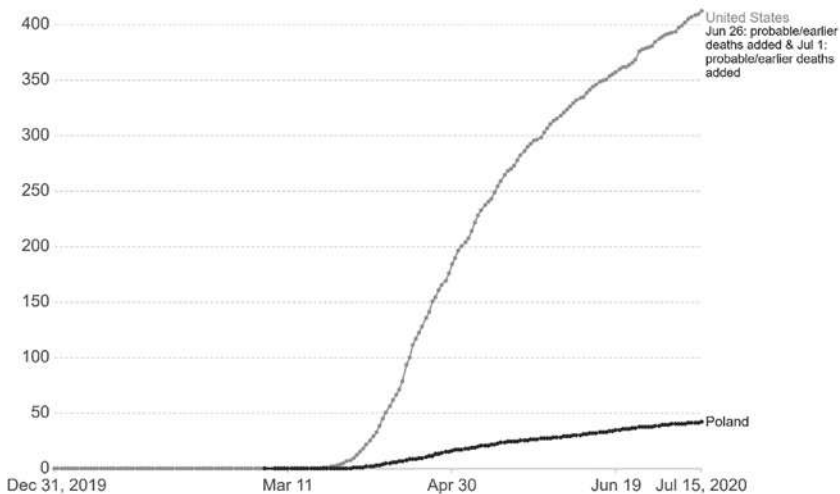
Source: European CDC – Situation Update Worldwide – Last updated 15 July, 10:38 (London time)

CC BY

Cumulative confirmed COVID-19 deaths per million people

Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.

Our World
in Data



Source: European CDC – Situation Update Worldwide – Last updated 15 July, 10:38 (London time)

CC BY

FIGURE 15.1a–15.1b Comparison of COVID-19 Trends in the United States and Poland

Theoretical framework

A conceptual framework for this study is shown in Figure 15.2. Two types of factors are proposed to shape COVID-19 attitudes/experiences: ideological and sociodemographic. They are briefly reviewed in the next sections.

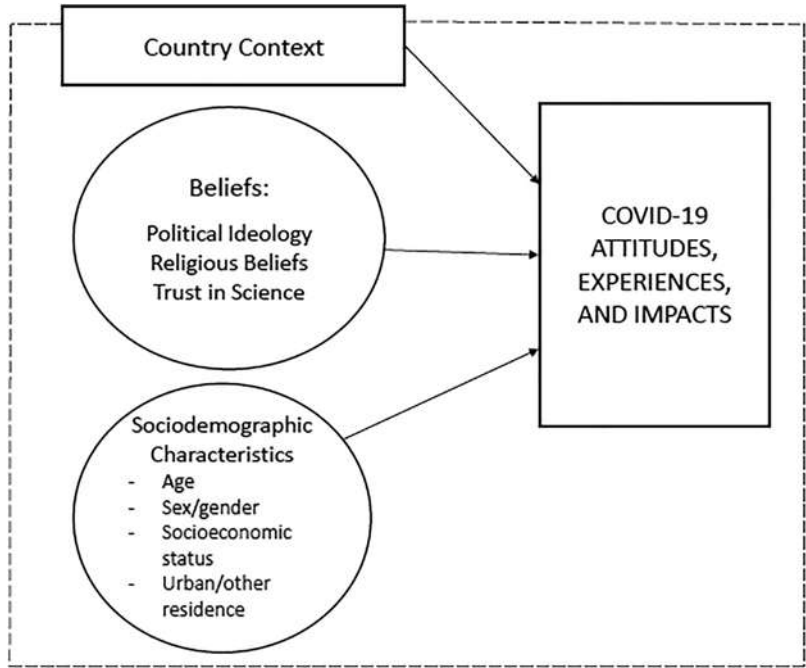


FIGURE 15.2 Conceptual Model of Factors Shaping COVID-19 Attitudes and Experiences

Political ideology and COVID-19

Conservatives in the United States and Poland seem to be less concerned than liberals are with COVID-19. Recent polls found that only 35% of US conservatives (versus 68% of liberals) are concerned about the virus (Malloy and Schwarts 2020) and that only 42% of Republicans feared that they or someone in their family might be exposed to coronavirus, compared to 73% of Democrats and 64% of Independents (McCarthy 2020). Emerging social science research (Conway et al. 2020) also shows that conservatives perceive COVID-19 as less of a threat than liberals do, and that they desire less governmental COVID-19 restrictions and are more frustrated with restrictions at any level of government, compared with their liberal counterparts. Conservatives also trust federal government information about the pandemic more than they do state and city governments, which may be explained by the former being currently more conservative and the latter more liberal. Furthermore, conservatives generally feel the impacts of the pandemic less than liberals do, and they are less likely to follow the news.

Social scientists note that “conservatives’ relative apathy” towards the pandemic actually goes against prior research showing strong relationships between conservative ideology and threat (Conway et al. 2020), especially physical threat such as disease (Conway and Repke 2019; Crawford 2017). However, the COVID-19 perceptions observed in the United States may be consistent with common cultural

perceptions of the current conservative-liberal divide among people in that country (Kristian 2020). In the midst of the pandemic, Republicans and Democrats in the United States have moved markedly apart in coronavirus concern, with the majority of Republicans and few Democrats saying “the worst is behind us” (Pew Research Center 2020b). Researchers have also explored how the COVID-19 threat promotes social conservatism and right-wing presidential candidates in the United States and Poland (Karwowski et al. 2020) and strengthens the triple threat of neoliberalism, nationalism, and neoconservatism in societies more broadly (Ryan 2021a).

Religious beliefs and COVID-19

In addition to political views, religious beliefs are likely to shape perceptions of the COVID-19 pandemic and social responses. First, religion has been a dominant sociocultural force throughout human history. It has influenced personal lives and shaped governments, often making a strong mark on a society's laws and policy (Cuevas and Dawson 2020). As others have noted, religions “provide a frame of reference for understanding and interpreting the world” (Hunsberger and Jackson 2005, 815, cited in Cuevas and Dawson 2020). Second, religion and religiosity are strongly associated with political ideology. The evidence is particularly strong for the relationship between conservatism and religious beliefs, which has also been shown to be stable across cultures and different religions (Cuevas and Dawson 2020; Hall, Matz, and Wood 2010). In the United States under Trump, conservative evangelical churches have been aligned with populist ideas against the lockdowns, creating “a political theodicy of rage” (Turner 2021). Third, religion and science have been increasingly at odds, with some religious conservatives refusing to have their children vaccinated or denying science on the health impacts of climate change or even hazards of smoking (McLintic 2019). Religiosity may then make some people less trusting of science-based information about COVID-19. Anti-quarantine protests in the United States reflect “a political climate that is increasingly hostile to rational, scientific, and medical expertise” (Meeker 2021, this volume). Even though Christians have strong support of the current national governments in both the United States and Poland, the situations of religious institutions in these countries during the COVID-19 pandemic have differed. The Polish Roman Catholic Church (the main religious institution in Poland) was not immediately included in the restrictions on large gatherings, but within a matter of two to three weeks, worship services were ordered to be limited, first to 50 and then to only five participants (Pinkas et al. 2020). Church leaders supported governmental efforts and encouraged individual churches to transition to virtual worship activities. A study of different denominations in Poland during the pandemic shows that churches have largely limited or totally suspended their in-person activities (Sulkowski and Ignatowski 2020). In contrast, most US states granted religious exemptions to COVID-19 social distancing rules during the lockdown (Pew Research Center 2020a). Only ten states prohibited in-person religious gatherings in any form. In

some states, churches resisted state orders or sued states for the right to congregate. A number of COVID-19 outbreaks have since been linked to religious gatherings. The Trump administration has also been pushing for the reopening of churches, especially Christian churches, which has been viewed as politically motivated.

Sociodemographic factors and COVID-19

A third group of factors worth exploring in relation to COVID-19 attitudes/experiences are sociodemographic characteristics. For example, experiences vary with age. Older adults have the highest mortality from and severity of the disease linked to the virus, but younger people are currently more likely to be infected and contributing to the virus spread. In the United States, older adults tend to see the virus as a major threat to their personal health while younger adults worry about their job and finances (Schaeffer and Rainie 2020). Around the world, economic and income-based inequalities related to COVID-19 are a significant concern (Ryan 2021b; Nanda 2021; Parsons 2021). There are also race, age, sex/gender, and geographic differences in views on mask wearing (Pew Research Center 2020b). For example, women and urban residents in the United States are more likely to support mask wearing compared to men and residents of nonurban areas. Cross-national research has also identified groups experiencing the highest levels of stress during the pandemic: younger ages, women, single people, and those living with children (Kowal et al. 2020).

Hypotheses

Based on the past theory and literature, this study proposes that COVID-19 attitudes/experiences among adults in the United States and Poland will vary by country, political ideology, religiosity, trust in science, and several sociodemographic factors. Specifically, I hypothesized that (1) experiences and impacts will be less negative in Poland than in the United States and (2) conservatism, religiosity, and low trust in science will be associated with (a) positive views of conservative governments' responses to COVID-19, (b) more trust in such governments' messaging and less trust in science-based approaches, and (c) stronger opposition to rules that place restrictions on personal freedoms. Furthermore, vulnerable groups (e.g., elderly, women, and low-income individuals) were expected to feel more COVID-19 threat and impact.

Methods

Data

The study is based on cross-sectional data collected through an online survey conducted in June and July of 2020. The study used a snowball sample via online and social media platforms. Specifically, the researcher's professional and personal

online and social media networks in the United States and Poland were engaged to recruit participants aged 18 years and older. The online questionnaire was constructed and administered in English and Polish and included 67 structured items. Measures of COVID-19 experiences, behaviors, and views have been adapted from other recent COVID-19 studies and public health toolboxes (National Institutes of Health [NIH], CDC). Demographic and other information about respondents (including ideology and religiosity) were also collected. All items required a response to eliminate missing data. A panel of five bilingual native-Polish and English speakers (three scientists and two laypersons) translated/reviewed the Polish version of the questionnaire. The average time of completion was less than 20 minutes. Completions were monitored for the demographic representation in the survey. Special efforts were made through repetitively targeting residents of Poland, men, and young and older adults. The final analytic US-Poland sample was 538 respondents. The study was approved by the Institutional Review Board at the University of Alabama at Birmingham.

Measurement

Dependent variables. The dependent variables included perceptions of COVID-19 threat (three items) and federal/national government response (11 items) as well as personal COVID-19 experiences (six items) and impacts (five items). Measures of these constructs were adapted from Conway and colleagues (Conway, Woodard, and Zubrod 2020), who validated and refined them in three different US-based samples. The recommended short versions of the measures (scales) were adapted with minor changes in the current study. Examples of 7-point Likert or Likert-type survey items include: "I am afraid of the coronavirus (COVID-19)" (threat), "I support government measures to restrict the movement of citizens to curb the spread of coronavirus (COVID-19)" (response), "I have had coronavirus (COVID-19)-like symptoms at some point in the last two months" (experiences), and "I have lost job-related income due to the coronavirus (COVID-19)" (impacts). Some of the scales or subscales were non-normally distributed and were transformed into categorical variables (see Tables 15.2 and 15.3).

Independent variables. Country of residence was a binary variable (USA/Poland), with USA as a reference category. Political ideology and religiosity were each assessed with one 7-point Likert-type item: "Do you think of yourself as liberal or conservative?" (1 "very liberal" to 7 "very conservative") and "How religious are you?" (1 "not at all" to 7 "very"). The final measures were categorical (low, moderate, high) due to non-normal distributions. Trust in scientific information about COVID-19 combined two 7-point Likert-type items asking, "Do you trust the following people (scientists, doctors) for information about the coronavirus (COVID-19)?"

Four age groups were constructed: 18–29 years, 30–49 years (reference category), 50–64 years, and 65 and older, to allow comparison with previously published data (Schaeffer and Rainie 2020). Respondents were asked about sex

assigned at birth: male (reference) or female, and how they identify their gender, and all but two respondents identified as man/woman. Race (White, Black, other) and Hispanic/Latinx ethnicity are noted in the descriptive results, but the numbers were insufficient to include in the analysis.

Marital status was coded as married/domestic partner versus other (reference). Children at home was dummy-coded. Socioeconomic position was assessed with college versus less than college education (reference category) and financial status ("How do you assess your financial status relative to other people in your country?" on a scale from 1 "very low" to 7 "very high"). Residence location had three categories: urban, suburban, and small town/rural area. A dummy-coded urban vs. other variable was used in multivariable analyses.

Analysis

Percentage distributions were computed for categorical variables and means and standard deviations for continuous variables. Cross-tabulations and Pearson chi-square tests were used to compare variable distributions between the country subsamples. Independent-samples t-test (two-tailed) was conducted for continuous variables to compare differences in means between the two countries. Because of the numerous data points available in this study, the multivariable analysis for this chapter focused on examining explanatory factors in COVID-19 perceived threat and support of COVID-19 restrictions. These multivariable estimations used ordinary least squares (OLS) regression. Explanatory factors were added in a nested fashion, starting with the country variable, followed by blocks of ideology and sociodemographic factors. Significance level of .05 was applied.

Findings

The descriptive statistics for the full sample and the US and Poland subsamples are presented in Table 15.1. A slight majority of the respondents (54%) resided in the United States. Of all participants, 92% were White, 75% identified as female, and 80% were college educated. The majority fell into the middle groups, 30–49 and 50–64 years old, but the Poland subsample was somewhat younger. The Poles were also significantly less likely to be married/living with a domestic partner and have children less than 28 years of age living at home and more likely to reside in urban or rural areas (vs. suburbs) compared to the US-based respondents. Trust in scientific information on COVID-19 was generally high among all respondents: 84% expressed higher levels of trust. The majority of respondents (60%) assessed their religiosity as low and 25% as high. The US-based respondents were more likely to be conservative than the Polish respondents, but the Poles were more likely to be moderate ideologically.

The US-Poland comparison of the measures of COVID-19 perceived threat, government response, impacts, and experiences is presented in Tables 15.2 and 15.3. There were a few differences between the US and Polish respondents. The

TABLE 15.1 Percentage Distributions of Social Characteristics in the Full Sample and in the US and Poland Subsamples

	<i>All</i> <i>n = 538</i>	<i>USA</i> <i>n = 291</i>	<i>Poland</i> <i>n = 247</i>	<i>Sig. diff.</i>
Country				
USA	54.1			
Poland	45.9			
Age group				
18–29	16.7	9.6	25.1	<.001
30–49	49.1	49.8	48.2	
50–64	27.0	33.0	19.8	0.001
65+	7.2	17.8	6.9	
Sex/gender				
Male	25.1	23.7	26.7	
Female	74.9	76.3	73.3	
Race				
White	92.0	86.9	98.0	<.001
Black	2.6	4.8	0.0	<.001
Other	5.4	8.2	2.0	0.002
Hispanic/Latino	2.6	3.8	1.2	
College educated	80.1	82.8	76.9	
Married/domestic partner	66.2	73.2	57.9	<.001
Children <18 at home	39.8	47.7	31.2	<.001
Residence location				
Urban	52.4	41.9	64.8	<.001
Suburban	25.8	39.9	9.3	<.001
Rural	21.7	9.9	25.9	<.001
Political ideology				
Liberal	39.8	40.9	38.5	
Moderate	49.1	45.0	53.8	0.047
Conservative	11.2	7.6	3.5	0.020
Religiosity				
Low	60.2	38.8	40.9	
Moderate	35.5	34.0	36.8	
High	24.9	27.1	22.3	
Trust in science/medicine				
Low	15.8	15.8	15.8	
High	84.2	84.2	84.2	

US respondents had significantly higher levels of perceived threat but lower tolerance for punishing people for violations of the COVID-19 social rules (Table 15.2). However, the Poles were much more likely to be upset about the government limiting personal freedoms due to COVID-19 (Table 15.3). The support for government-sponsored research toward COVID-19 treatment and vaccine was generally high among all respondents, but people in the United States were somewhat more supportive than the Poles (92% vs. 84%).

The COVID-19 impacts were somewhat lesser among people in Poland than in the United States. Some financial impacts were felt by both groups, with slightly

TABLE 15.2 Mean Scores on COVID-19 Perceived Threat, Government Response, and Experiences: Continuous Measures

	<i>USA</i>		<i>Poland</i>		<i>Sig. diff.*</i>
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>	
COVID-19 perceived threat	4.3	1.7	3.7	1.6	<0.001
Support for actual or potential government actions against COVID-19					
Restrictions	5.5	1.8	5.2	1.6	<0.001
Punishment for violations	3.5	1.9	4.7	1.8	
Stimulus	5.4	1.6	5.2	1.3	
Government untruthful	4.8	1.7	4.9	1.8	
Experiences					
Following news about COVID-19	3.6	1.7	3.5	2.0	

* t-test (two-tailed)

TABLE 15.3 Percentage Distributions of Categorical Measures of COVID-19 Government Response, Impacts, and Experiences

	<i>USA</i>	<i>Poland</i>	<i>Sig. diff.*</i>
Reaction to limiting freedoms			<.001
Not upset	59.8	25.5	
Somewhat upset	28.5	40.1	
Upset	11.7	34.4	
Government response			
Support research on cure/vaccine	92.2	83.8	0.003
Impacts			
Financial			<.001
Low	60.8	53.0	
Moderate	21.3	28.3	
High	17.9	18.6	
Resource			
Low	55.7	83.4	<.001
Moderate	74.7	25.3	
High	21.0	7.3	
Psychological			
Low	40.5	53.0	0.004
Moderate	37.1	33.6	
High	22.3	13.4	
Experiences (none/little vs. some)			
Personal	15.5	15.0	0.026
Within social circle	19.2	12.1	

* Pearson chi-square test

less than half of the respondents reporting moderate or high financial impact of COVID-19. However, the Poles reported significantly fewer problems with access to necessities and less psychological impact than the US respondents did. While a small group of all respondents (15%) had personal experiences with COVID-19, the US respondents were more likely than their Polish counterparts to know someone who had been infected or had COVID-like symptoms. The levels of following the news about COVID-19 was similar by country (Table 15.2).

Table 15.4 shows findings about the hypothesized associations between a group of explanatory factors and perceived COVID-19 threat. The nested models are presented as Models 1–4. First, living in Poland is associated with a significantly lower level of perceived threat than is living in the United States, before and after adjustments for all other factors. Second, conservative ideology is also associated with lower perceived threat compared to liberal ideology, before and after all adjustments. Moderate ideology is also associated with lower threat but no longer after adjustment for trust in science. With political ideology in the model, religiosity is not associated with perceptions of COVID-19 threat. Interestingly, there are few associations between demographic factors and perceptions of threat. In the final model only being female is detrimental to perceived threat: After adjusting for all other factors, women's level of perceived threat is higher than men's. The final model (Model 4) explained 14% variation in perceived COVID-19 threat.

Table 15.5 presents findings about associations between the hypothesized explanatory factors and support for COVID-19 restrictions. No consistent significant differences were found in the view on restrictions by country, which is consistent with the bivariate results. However, conservatism was associated with less support of restrictions, and moderate orientation also but not after adjusting for trust in science, similar to the findings for perceived threat. Low trust in science was associated with less support for restrictions. Among sociodemographic variables, college-educated respondents were more likely to support restrictions than were those with less than college education. Family effects were inconsistent, but, after adjusting for all covariates, people with children at home supported restrictions more than did those without children. This model explained 24% of variation in views on restrictions.

Discussion

In this sample of residents of the United States and Poland, we found some interesting similarities and differences in people's attitudes, impacts, and experiences related to the coronavirus pandemic. Perceptions of threat and personal impacts appear generally lower in Poland than in the United States. However, views of government responses to the pandemic are in many ways similar.

This study has several limitations that need to be taken into account when interpreting the findings. The main study limitation (due to lack of resources) is a convenience sample. The data collection was monitored for sociodemographic

TABLE 15.4 Factors Associated With COVID-19 Perceived Threat in the United States and Poland

	Model 1			Model 2			Model 3			Model 4		
	<i>b</i>	Std. Error	Sig.	<i>b</i>	Std. Error	Sig.	<i>b</i>	Std. Error	Sig.	<i>b</i>	Std. Error	Sig.
Country (ref: USA)	−0.589	0.143	<.001	−0.648	0.140	<.001	−0.599	0.149	<.001	−0.569	0.145	<.001
Moderate ideology				−0.386	0.160	0.016	−0.327	0.161	0.043	−0.216	0.158	0.173
Conservative ideology				−1.455	0.264	<.001	−1.375	0.267	<.001	−0.997	0.269	<.001
Moderate religiosity				0.014	0.170	0.933	−0.007	0.171	0.965	−0.020	0.166	0.906
High religiosity				0.010	0.202	0.962	−0.092	0.206	0.656	−0.096	0.201	0.632
Ages 18–29							−0.271	0.228	0.235	−0.392	0.223	0.079
Ages 50–64							0.117	0.175	0.505	0.126	0.170	0.461
Ages 65+							0.284	0.292	0.332	0.178	0.285	0.531
Female							0.419	0.165	0.011	0.452	0.161	0.005
College educated							0.120	0.184	0.515	0.029	0.180	0.871
Income							0.032	0.059	0.589	−0.010	0.058	0.863
Married/domestic partner							−0.097	0.177	0.584	−0.020	0.173	0.908
Children <18 at home							−0.206	0.163	0.206	−0.200	0.158	0.206
Urban							−0.036	0.147	0.806	−0.062	0.143	0.666
Low trust in science										−1.105	0.199	<.001
<i>R-square</i>	0.031			0.095			0.118			0.168		
Adj. <i>R-square</i>	0.029			0.087			0.095			0.144		
<i>df</i>	1			5			14			15		
Sig. <i>F change</i>				<.001			0.141			<.001		

TABLE 15.5 Factors Associated With Favoring COVID-19 Restrictions in the United States and Poland

	Model 1			Model 2			Model 3			Model 4		
	<i>b</i>	<i>Std. error</i>	<i>Sig.</i>	<i>b</i>	<i>Std. error</i>	<i>Sig.</i>	<i>b</i>	<i>Std. error</i>	<i>Sig.</i>	<i>b</i>	<i>Std. error</i>	<i>Sig.</i>
Country (ref: USA)	-0.253	0.150	0.093	-0.330	0.145	0.023	-0.287	0.152	0.060	-0.239	0.142	0.093
Moderate ideology				-0.471	0.165	0.005	-0.408	0.165	0.014	-0.229	0.155	0.140
Conservative ideology				-1.774	0.273	<.001	-1.628	0.274	<.001	-1.016	0.263	<.001
Moderate religiosity				0.041	0.175	0.813	-0.033	0.175	0.849	-0.053	0.163	0.745
High religiosity				-0.081	0.209	0.698	-0.203	0.212	0.338	-0.209	0.196	0.287
Ages 18–29							0.123	0.234	0.600	-0.073	0.218	0.739
Ages 50–64							-0.007	0.179	0.970	0.008	0.166	0.964
Ages 65+							0.462	0.299	0.124	0.292	0.279	0.296
Female							0.403	0.169	0.018	0.456	0.157	0.004
College educated							0.075	0.189	0.691	-0.072	0.176	0.682
Income							0.150	0.060	0.013	0.083	0.056	0.144
Married/domestic partner							-0.450	0.181	0.014	-0.325	0.169	0.055
Children <18 at home							0.307	0.167	0.066	0.316	0.155	0.041
Urban							-0.002	0.150	0.988	-0.043	0.140	0.756
Low trust in science										-1.787	0.194	<.001
<i>R-square</i>	0.005			0.101			0.138			0.258		
<i>Adj. R-square</i>	0.003			0.093			0.115			0.237		
<i>df</i>	1			5			14			15		
<i>Sig. F change</i>				<.001			0.010			<.001		

distributions, and outreach efforts were implemented to achieve a good representation by national/population standards. However, in the end, the sample is not representative of the US and Poland's populations. The majority of the respondents are female and college-educated, and very few represent racial/ethnic minorities. The latter is an important weakness of these data, as US racial and ethnic minorities have been especially vulnerable during the pandemic (Laster Pirtle 2020; Schaffer 2021; Ramsari 2021). On the other hand, racial and ethnic comparisons are not particularly relevant to the US-Poland comparison, as Poles are more racially and ethnically monolithic. However, I recognize that minority populations have grown lately in Poland (e.g., migrants/migrant workers from the former Soviet republics), and it would be important to know how they fare during the pandemic. In addition, the measures of COVID-19 attitudes/experience used in this study are based on limited prior research (Conway, Woodard, and Zubrod 2020). Some of them did not perform well, possibly due to the sample not being representative or incomplete measure validation to date. Further analyses of psychometric properties of these measures and validation in other samples and populations are warranted. This is also a cross-sectional study, and further longitudinal data are needed to understand how coronavirus attitudes/experiences change over time during this still evolving pandemic.

These limitations notwithstanding, this study provides a glimpse into how people in two countries, the United States and Poland, which represent different geopolitical regions, have fared during the pandemic and how they assess their conditions. It is not surprising to see lesser impacts of the pandemic in Poland considering the lower burden of COVID-19 there compared with the United States (Figure 15.1). However, it is interesting that reported financial impacts are similar between the two countries, as the United States has seen historic job losses and unemployment (Pew Research Center 2020c) while jobs are also vulnerable (Doerr and Gambacorta 2020) but more secure in Europe, possibly due to more progressive labor laws. In addition, the study participants reported problems with accessing basic resources, but more so in the United States than Poland. Poland's food and other essential supplies have been more plentiful than in the United States, even though there was a rush to hoard items in both countries early in the epidemic (Kirk and Rifkin 2020). The findings of psychological impacts also being higher in the United States than in Poland are likely linked to other social factors, especially job loss and other changes in employment, but also isolation (Kowal et al. 2020; Lieberoth et al. 2020).

However, residents of Poland and the United States seem to perceive their governments' actions during the pandemic similarly. Many support restrictions, and, especially in Poland, some support punishment for rule violations. In the United States, more than a half of the nation supports restrictions and safety guidelines, but more Democrats than Republicans (Pew Research Center 2020b). Polls in Poland show that the majority of people (62%) had positive views of government responses early in the pandemic (TVP Info 2020). However, a June poll (rp.pl 2020) shows lower support (42%), so support may be dropping. The presidential elections under

way in Poland and the ideological split in the country may be affecting social attitudes. At the same time, Poles in this comparative study, more so than Americans, appear to feel oppression, and many are concerned that their personal freedoms are taken away. Poles may feel that way because of Poland's long struggle for democracy in the modern era and many fearing authoritarian tendencies (Rupnik 2018). The American society is also ideologically split, and freedom supporters are plentiful and pose a great threat to the fight against COVID-19 by resisting public health guidelines (Meeker 2021, this volume; Welna 2020).

There were few sociodemographic differences in attitudes, impacts, and experiences during the pandemic. Polls show different pandemic-related concerns by age. The older age groups are concerned about their health impacts, while younger age groups worry about jobs and incomes (Schaeffer and Rainie 2020). Other research has also explored how high-risk senior women may be vulnerable in terms of social isolation and loneliness during the pandemic (Porter 2021, this volume). In the current study, we found little impact of demographic factors on attitudes/experiences. However, as in previous research (Kowal et al. 2020), this study found women to be more vulnerable than men. Poles with lower incomes have been reported to be twice as likely as those with higher incomes to be critical of the government response (rp.pl 2020). However, women and people aged 25–34 years were less likely to be critical. These mixed findings call for additional research.

This study provides new information about people's COVID-19 experiences and attitudes from a comparative perspective, building on other emerging literature (DeWees and Miller 2021; Fikry et al. 2021), but further work is needed. There are multiple directions for future research, with the data from the current study and beyond. In addition to measurement studies noted previously, future studies could investigate mediation mechanisms between ideological factors and COVID-19 attitudes/experiences. In other research, COVID-19 experiences and impacts did not consistently mediate the relationship between political ideology and perceived COVID-19 threat as did COVID-specific political beliefs (Conway et al. 2020). The authors argue that these findings point to the following: (1) conservatives' lack of concern is motivated by desired political outcomes and (2) as experiences and impact of COVID grow, the ideological effect on COVID-19 threat diminishes. These potential explanations require further attention, as does the role of religious beliefs and trust in science. For example, in this study, moderates' perceived threat of coronavirus was not higher than that of liberals if their trust in science was high. Thus, trust in science possibly mitigated perceptions of threat and social responses. Most of all, long-term/longitudinal data are needed from different societal contexts to more fully understand how people fare and perceive the pandemic under social conditions and pandemic trajectories.

Note

- 1 I would like to thank all of the study participants for taking their time to complete the survey and my colleagues, friends, relatives, and others in the United States and Poland for assistance with survey distribution. I am especially grateful to Ludwika Jakubowska-Burek,

PhD, MEng, Jerzy P. Szaflarski, MD, PhD, Ludwika and Marek Nowak, and Basia A. and Ember Szaflarski for their help with survey construction, translation, pilot testing, and/or distribution.

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16

PERFORMING PRECARITY IN TIMES OF UNCERTAINTY

The implications of COVID-19 on artists in Malta

Valerie Visanich and Toni Attard

During the uncertain times of living in the current COVID-19 pandemic, the ground has shifted noticeably, in ways that could neither have been expected nor predicted. In the last couple of months, physical social distancing, closure of borders to international visitors, closure of schools and colleges, and lockdown communities became a global form of temporal certainty. The COVID-19 virus was first reported in the city of Wuhan in December 2019, and since has rapidly spread worldwide with mounting confirmed cases and deaths. This has resulted in unprecedented policy challenges on a global level. Governments, worldwide, are taking interventionist measures to control the spread of the virus and to provide a safety net for citizens and businesses directly hit by financial loss. The pandemic is, in effect, not only a health crisis but also a major economic shock, leading to the collapse in the prices of bonds and shares and threatening a deep global recession (Milne 2020). The scale of economic shock is resulting in a decline of household expenditure, followed by the secondary “multiplier” impacts of unemployment, loss of personal incomes, and corporate financial distress (ibid.). Yet, the magnitude of economic and health impacts is not the focus of this chapter. Instead, it will specifically address the impact on the cultural sector and the direct hit on artists.

Measures to restrict mass gatherings and efforts to normalize physical social distance, due to the virus, had direct implications of the whole cultural ecosystem. Economically, the pandemic triggered a collapse in revenues in various sectors, including the hotel and restaurant industries, tourism, recreation, and culture and in global and domestic supply chains (ibid.). Closures of theaters and cancellation of cultural events caused a sudden implosion of the cultural and creative sector, with a consequence of escalating levels of unemployment, especially for freelance artists. By early March 2020, it has been reported that at least 170,000 jobs were lost in the film industry in Hollywood and the UK due to the coronavirus pandemic (Pulver 2020).

This chapter explores the shared concerns of artists during these unprecedented times and the disruptions in their everyday life. Such analysis is framed on an understanding of the precarious working conditions of artists in general, often with working conditions that offer no form of protection and are underrepresented by unions or lobby groups. The intensification of the coronavirus curbs brought to the fore common themes on the livelihood of artists. This chapter focuses on two of them: first, the major shift in the everyday life and well-being of artists, and second, the financial loss experienced by artists. This chapter draws on an online survey held in mid-March 2020 with artists in Malta.¹ However, issues and recommendations are general ones and could be applied elsewhere.

Performing precarity within the “freebie” culture

Pierre Bourdieu (1998) stressed that precariousness at work is a new mode of domination in contemporary capitalism. More recently, there has been a burgeoning of the literature on the changes in the landscape of work, broadly defined in terms of liquid modernity (Bauman 2000, 2005), information society (Castells 2000), “new” capitalism (Sennett 1998, 2006; Boltanski and Chiapello 2005), or risk society (Beck 1992 [1986]; Beck, Joost, and Adam 2000). Most of these works historicize, map out geographically, and explain sociologically the new work experience, broadly characterized by decentralization and the self-disciplining subjects working on precarious short-term contracts within a neoliberal economic climate.

The term “precarity” is generally used in sociology and political economics, as well as in the media (Vosko 2006; Kalleberg 2009), to refer to insecure employment including through self-employed and short-term contracts. Precarious employment is considered as a multidimensional construct, differing across countries and relying on the explicit economic and social structure of the labor market (Benanch et al. 2016; Moscone, Tosetti, and Vittadini 2016).

The most common indicators of having precarious employment conditions are related to issues of limited workplace rights and social protection, powerlessness to exercise legally granted workplace rights, employment insecurity, low wages, individualized bargaining relations, and overall working environment (Benanch et al. 2016; Edralin 2014; Lewchak et al. 2003). Herein, we explore three indicators of precariousness applied in the everyday life of artists and their working conditions; namely, the nonstandard working conditions, the existence of a freebie culture, and the lack of representativeness of artists as a collective.

First, the precariousness of work within the creative economy is, in part, reflected in the infiltration model of nonstandard employment, defined by subcontracting, outsourcing, and other modes of flexploitation, which is a situation when people working with flexible working arrangements do not have a strong bargaining position (Gray 1998). As precarious workers, they have to live in a

limbo of uncertainty, juggling their options, massaging their contacts, never knowing where their next project or source of income is coming from. The

resultant cycle of feast and famine is familiar to anyone whose livelihood folds into the creative economy.

(Ross 2008, 36)

Studying the lives of creative laborers, Rosalind Gill and Andy Pratt (2013) explored the precariousness, insecurity, and discontinuation in work due to

long hours and bulimic patterns of working, by the collapse or erasure of the boundaries between work and play, by poor pay, by high levels of mobility, by passionate attachment to the work and to the identity of creative labourer (e.g. web designer, artist, fashion designer), by an attitudinal mind-set that is a blend of bohemianism and entrepreneurialism, by informal work environments and distinctive forms of sociality, and by a profound experiences of insecurity and anxiety about finding work, earning enough money and “keeping up” in rapidly changing fields.

(ibid., 33)

Artists are habitually considered as an army of freelance and intermittent workers, engaging in casualized, temporary employment and subject to be underpaid or receive late payment. They are frequently subject to being the

least paid of the so-called professions and generally live under the poverty line. Artists dangle between self-employment, casual contract work, artists’ grants, and the very remote possibility of success on the art market (a star system that promotes exceptionalism).

(Garrett and Jackson 2016, 6)

Second, the freebie culture in the arts accentuates artists’ degree of precarity. In 2012, an “art strike” was self-declared by a number of Warsaw art institutions, as a systematic struggle against the freebie culture, to promote better working for artists (Sharp 2017). The strike kick started discussions on the right for a living wage for artists and resulted in the signing of an agreement in 2014 to guarantee a minimum wage for artists (Figiel 2014).

In Britain, the policy framework report published in 2011 by the Arts Council England had clarified the legal obligations of arts organizations in offering internship opportunities (Arts Council England 2011). It has also tackled the issue of unpaid labor within the cultural and creative industries.

More recently, in the beginning of 2020, the Arts Council in Ireland launched a new policy to facilitate the working and living conditions of artists and ensure that a career in the arts is viable (Falvey 2020). Such measure is aimed to combat the freebie culture of under-/nonpaid work of artists. The Irish Arts Council chair stated that this new policy aims to bring fair and equitable pay and bring to an end “the idea that it is acceptable to get artists to work as a ‘freebie’, or to offer work

without proper payment because it might somehow enhance an artist's career." The campaign #PayTheArtist promotes fair payment to artists through new funding conditions.

Internships, including art-in-residency programs, exemplify practices of the freebie culture. For Ross Perlin (2011) in *Intern Nation*, internships are structurally designed to fit in with the normalization of precarious, networked workforce: "What structured training programs were to the bureaucratic firms of the mid-twentieth century, internships may well be to the new network capitalism of firms dealing in intangible goods" (Perlin 2011, 95).

Albeit being relevant platforms for mobility, intercultural exchange of ideas, and collaborative work, internships are also mechanisms of precarization (Leban 2017). The symbolic value of internships is through addressing the "skills gap" during or after graduation, often measured by the currency of experiences and exposure. Drawing from Gary Becker's (1964) human capital theory, Perlin (2011) highlights the contemporary purpose of internships, to accumulate contacts, social networks, and insider knowledge in the hope of future full-time employment.

Third, another indicator of precarity shared by artists is their lack of representation as a collective. One major setback in Poland to guarantee equitable wage for artists, following the art strike, was the fact that artists were unrecognized as a union (Figiel 2014). Artists are hardly represented as a group in their contestation of precariat conditions (Gill and Pratt 2013). The spirit of individualism, commonly shared by artists, makes it difficult to convince them to join together in a group. "Collective bargaining requires an obedient rank-and-file," says jazz critic and music historian Ted Gioia, "but is there a profession more resistant to this than art-making?" (Green 2019).

Situation in Malta

Similar to countries like Poland, the UK, and Ireland, the situation of inequitable remuneration for artists' work resonates with many artists across the world. In Malta, a small island state (122 square miles with a population around half a million) in the Mediterranean Sea, artists are also prone to experience under/late payment.

In another study by Toni Attard about artists' payments, a total of 83.7% of respondents claimed that late payment is the norm, whereas 54.5% stated that they currently have pending payments for artistic work invoiced more than 30 days ago (Attard 2020). A total of 40.7% were awaiting payment between €500 and €2,500 and 35.6% between €100 and €500. The top three debtors are public cultural organizations, private companies, and private individuals (ibid.).

The living conditions of artists were considerably aggravated as soon as emergency measures to combat the COVID-19 virus were put in place, particularly with the banning of all public gatherings and lockdown of cultural sites like theaters, museums, libraries, and exhibition halls. Additionally, all educational institutions, including those offering cultural education, were closed down. The archbishop

of Malta also issued a directive to ban all external religious cultural celebrations, including those associated with the popular village *festa* (Micallef 2020). The *festa* is the annual village patron saint feast, celebrated in every village in Malta and Gozo.

The first case of the COVID-19 virus in Malta was reported on March 7, 2020. As of mid-October 2020, there were over 3,700 confirmed cases, with 41 mortalities. The public health authorities are seeking to extend as much as possible the duration of the pandemic to slow the spread so that the peak is lower and the Maltese health services will be able to better cope.

Numerous artists operate within a freelance “gig economy,” often moving from one gig or project to another. Thus, such measures resulted in cancellations and postponements of events, which had a direct impact on artists’ income. The Maltese government responded through interventionist measures to address the financial impact of COVID-19 on employees and businesses. In view of this, Arts Council Malta and other public cultural organizations responded to the needs of the sectors through a number of measures, such as online training, project funding, and online support.

Methodology

Prior to the inclusion of artists in measures to safeguard the self-employed during the pandemic, published on March 25, 2020 (*ibid.*), numerous artists shared their concerns on the implications of this virus on their work and income on social media. Such concerns were the impetus for us to conduct a survey between March 14 and 21, 2020.

This chapter sets out to explore the concerns of artists on the implications of the pandemic, surrounded by discourse on precarity in artists’ employment conditions. An online survey was designed to measure in detail the impact of the virus on their work practices and livelihood. In the absence of sector-led associations, participants were chosen through an opt-in survey shared on social media platforms popular amongst artists in Malta. There are various reasons for opting for an online survey rather than conducting a full ethnography – what might have been considered as a more appropriate sociological tool to inform the recommendations made. First, an online survey is a reliable research method that allows automation and real-time access to instantaneous data, specifically needed during the fast-changing times during the pandemic. Second, other research methods, such as face-to-face interviews, could not have been conducted because of governmental directives restricting physical contact. It is noteworthy to point out that all ethical procedures have been followed and participants recruited were informed of their rights to remain anonymous.

The survey received 346 responses of which 167 respondents earn an income exclusively from the arts and 138 partially earn an income from the arts. A total of 41 respondents claim that they do not earn an income from the arts and therefore the total valid responses for the scope of the survey is 305. Respondents came from

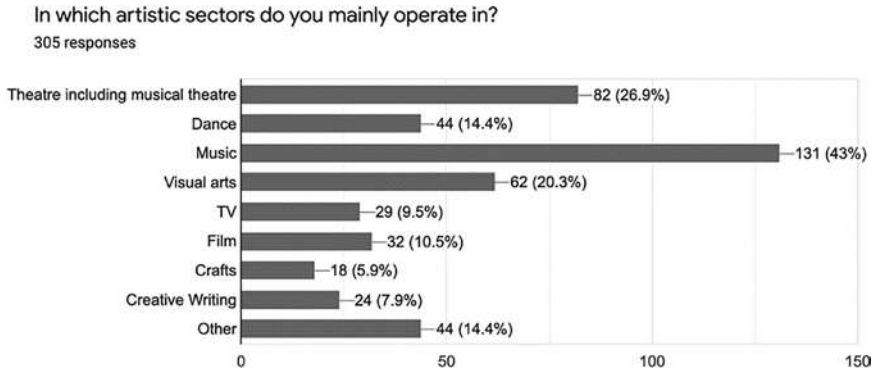


FIGURE 16.1 Artistic Sector of Sample

different artistic sectors, with a large number of respondents working within the music sector (43%) (Figure 16.1). All research participants were specifically chosen because they considered themselves artists.

Research outcome

Participants voiced their perceptions on various issues related to the inferences of the pandemic on their livelihood and income. The majority of participants (52.8%) maintained that the cultural activities providing them with a source of income were cancelled. In effect, public artistic events, such as performances, exhibitions, and concerts, are the main source for lost income. Herein we focus on two thematic areas extracted from the survey results: the shifts and disruptions in the everyday life and well-being of artists and the financial loss experienced.

Shifts in the everyday life

Zygmunt Bauman's (2000) use of the liquidity metaphor is effective in the current context to describe the cultural, economic, and social uncertainties experienced on a global scale. The liquefaction is not only in the rapidity and mutability of a virus, but also in the uncertainty of the duration on the pandemic. As a result, there have been substantial shifts in the everyday life of individuals, on a cultural, social, and economic level.

In our survey, the majority of participants (95.7%) of respondents believe that the coronavirus is negatively affecting their work. When asked to select the artistic sectors that most represent their work, respondents were given the option to select multiple responses, since various artists operate across interdisciplinary practices. The majority of respondents work in music (43%), followed by theater (27%) and visual arts (20%). There were no significant differences in genre distribution

between those whose income comes only from the arts and those earning partial income from the arts.

A total of 1,317 responses for seven different categories for activities were captured in the survey, with an average of 4.3 impacted activities per respondent. Respondents claim that more than half of the activities providing them with a source of income were cancelled. A number of events (38%) were postponed, other events were changed (3.9%), and some shifted online (5.2%) (Figure 16.2). The category of work related to artistic events also registers the highest percentage share of all postponed and cancelled events. Rehearsals, work in progress, and creative research register the highest percentage for activities that have changed, whereas arts education features as the predominant activity that shifted online. Despite the relevance of shifting to work-from-home mode during the pandemic, using various virtual meetings platforms, for artists it was not always possible to transfer work online. This was possible for activities related to arts education (43.5%). However, it was not possible to transfer private events (4.3%), such as gigs, online (Figure 16.3).

The casualization and short-contract working conditions, subject to postponement or termination during unfavorable times, have substantial influences on the artist's life satisfaction and well-being. One research participant reflected on the effect of such crisis on her/his well-being: "It is also important to safeguard the mental well-being of those who have been impacted severely by production cancellations and financial troubles." Fifty-three percent of artists were very concerned that this pandemic is having substantial impact on their personal well-being (Figure 16.4).

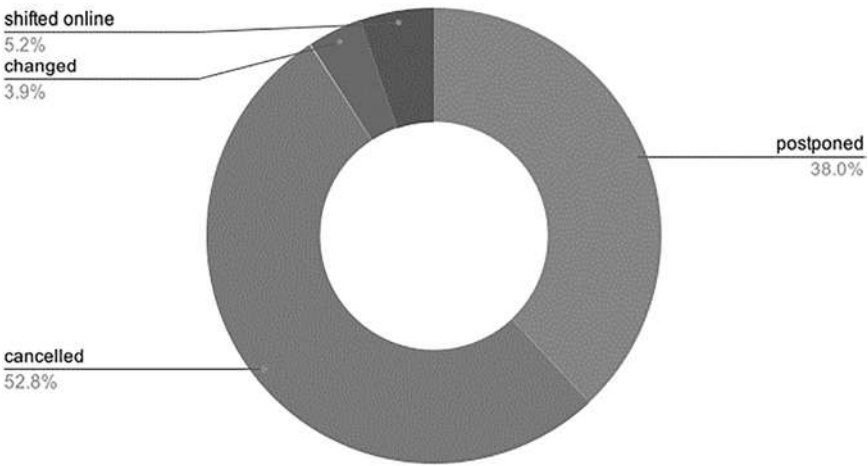


FIGURE 16.2 Impact on All Activities

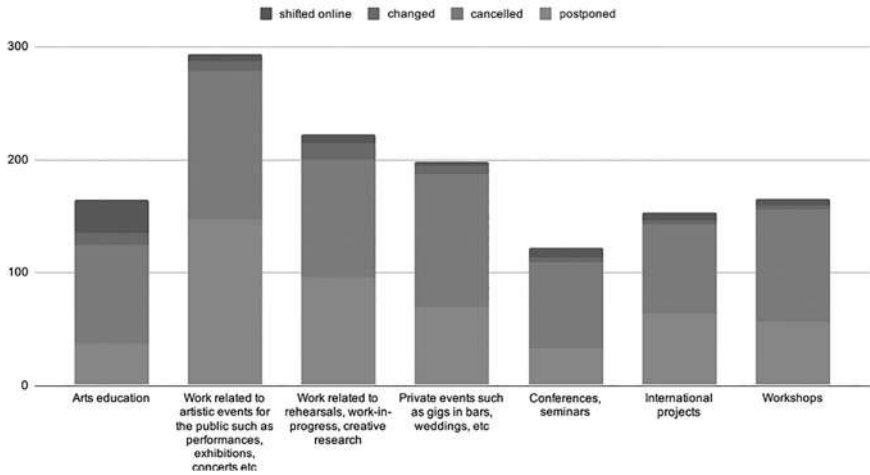


FIGURE 16.3 Activities Providing a Source of Income and Impact

Right now, how concerned are you about the impact of COVID-19 on your livelihood as an artist?

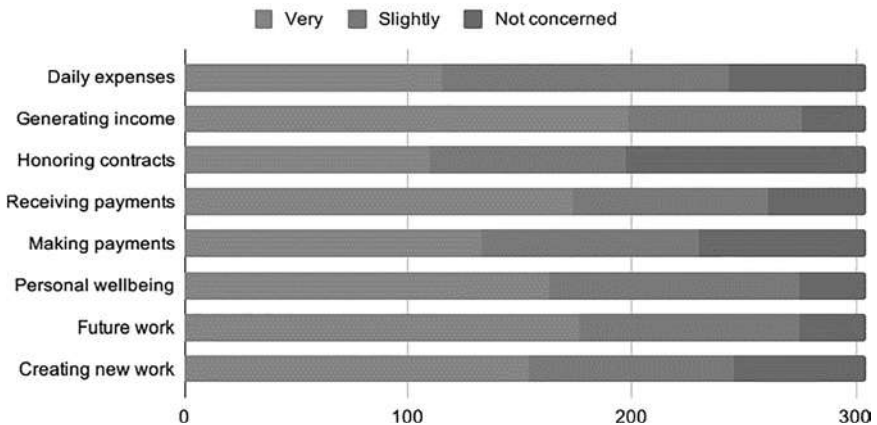


FIGURE 16.4 The Impact of the Pandemic on the Livelihood of the Artist

Financial loss

Perhaps the most jarring of all is that the pandemic continued to underpin the notion of inequalities in the rights for a living wage amongst workers. Moreover, economic inequality is contributing to chances of contracting and surviving from coronavirus (see Nanda 2021).

Reflecting the general nonstandard employment and precariat practices of artists, including working to the demands of the market and economic conditions, in times of crisis artists have to fully shoulder the financial burden when events are cancelled. A majority of participants (67.2%) maintained that they had already suffered financial losses, while 25.9% say it's too early to calculate these losses (Figure 16.5). A total of 32.5% of respondents state that most of their income for this period has been or will be lost, and 28.2% claim that all their income for this period has been or will be lost.

Concerning the total amount of income lost, 18.4% of respondents claim losses of more than €1,000 and 17% claim between €500 and €1,000 (Figure 16.6). Respondents claiming an income exclusively from the arts register higher losses than those claiming partial income. Those with partial income also claim to be the most unsure of the financial losses. Asked to forecast weekly financial losses should the current scenario be extended further, both categories of respondents claim mostly between €250 and €500 per week, followed by the €100 and €250 category for those earning an income exclusively from the arts. This continues to demonstrate how artists, working as freelancers, were harshly hit by the pandemic. Such a situation is likely to be exacerbated in the months ahead due to postponement of projects. One participant referred to this and stated,

During the months of lockdown, I'm not generating money, even though I might continue with preparations. Also, if a current project/s is/are postponed to e.g. October, this means that in October I cannot accept new work. So I'm losing more money.

Anecdote by an artist participating in the survey

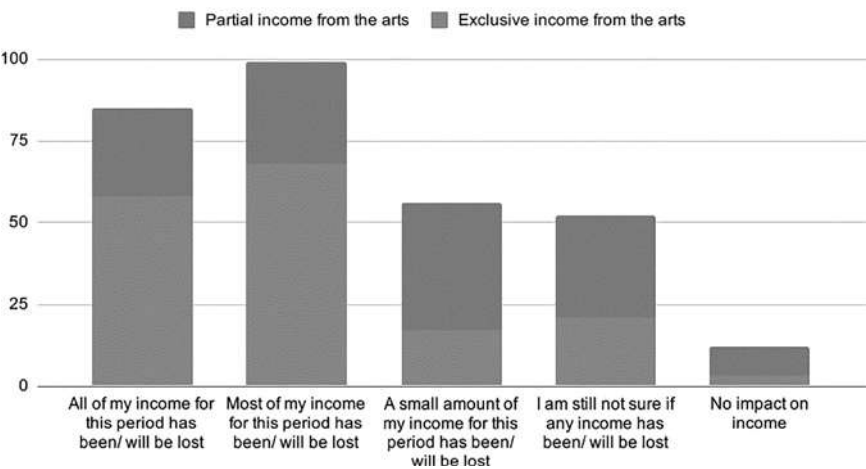


FIGURE 16.5 Impact on Income

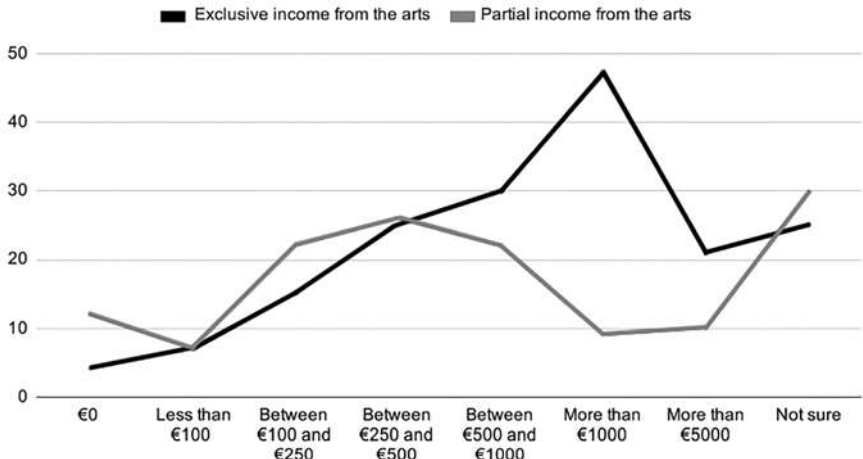


FIGURE 16.6 Financial Losses So Far

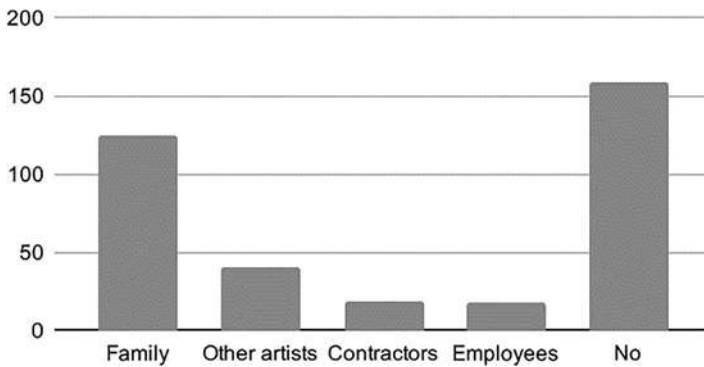


FIGURE 16.7 Dependents on Artist's Income

Whereas 52.1% of respondents stated that there are no dependents on their income, others claimed that their livelihood from the arts impacted their family (Figure 16.7). A high percentage (41%) of participants claimed that their family is dependent on their income from the arts.

Thus, such financial losses, when working on short-term contracts with no advance payment, reflect the nonstandard employment practices archetype of precarious work conditions. Respondents earning an income exclusively from the arts indicated that they had more financial dependents, including family members, other artists, contractors, and employees than for those earning only part of their income from the arts.

Generating income, future work, and receiving payments were the three main concerns of respondents at the time of responding to the survey. Honoring contracts featured as the least of concerns with 108 responses.

COVID wage supplement: governmental measures in Malta

Similar to other countries, with the introduction of wage subsidies to employers from all sectors whose business suffered financial losses due to the pandemic, Malta also implemented a similar scheme. Following consultation and open discussion with various sectors of workers who had their operations temporarily suspended, the “Covid Wage Supplement” was introduced. This measure, managed by the Malta Enterprise, Malta’s economic development agency, provides a basic wage covering full-time employees and the self-employed (Malta Enterprise 2020).

The Covid Wage Supplement scheme established two lists classified by NACE codes, the Statistical Classification of Economic Activities in the European Community, identifying the sectors that can benefit. Through this scheme, people working in sectors identified in ANNEX A, whether full-time employees or self-employed/freelance, are entitled to a monthly supplement of €800. Part-time employees within these sectors are entitled to a monthly supplement of €500. Motion picture, video, and television program activities were originally excluded from this list; however, they were added to the revised list following feedback from the film and television industry. ANNEX A includes:

- Motion picture video and television program activities
- Motion picture video and television program post-production activities
- Motion picture video and television program distribution activities
- Motion picture projection activities
- Sound recording and music publishing activities
- Photographic activities
- Cultural education
- Performing arts
- Support activities to performing arts
- Artistic creation
- Operation of arts facilities

Creative practitioners working in the sectors in ANNEX B, such as working in book publishing, publishing of newspapers and television, and radio broadcasting, who were considered to have been adversely but not drastically affected, are entitled to a monthly supplement of €160 in the case of full-time employees, and €100 in the case of part-time employees. Businesses in Gozo, Malta’s sister island, listed in ANNEX B, can benefit from €320 per month in the case of full-time employees

or self-employed, €420 for those self-employed who employ staff, and €200 per month for part-time employees.

Malta's creative sector is adopting its own measures to adapt to the situation. Arts Council Malta issued a call for feedback from its beneficiaries on March 20, 2020, to assess how they were impacted, and has relaxed obligations related to its funding agreements with artists, while fast-tracking payments in light of the situation (Arts Council Malta 2020). It has also assured its beneficiaries that project losses due to restrictions will be made up for. Public cultural organizations were directed by the Arts Council to support the sector by easing up on financial obligations and providing more flexibility in terms of logistics. Such measures are a step towards the safeguarding of artists during challenging times. It is also a worthy endeavor of initiating discussion for policy makers on having long-term measures to counteract exploitative and precariat conditions often faced by artist.

Discussion

In divergence to the neoliberal climate within the Anglo-American context in recent years, safety-net measures of wage supplements in various European countries are targeted at protecting citizens at risk of experiencing the hard-hit effects of the coronavirus pandemic. These measures continue to reinforce the state's obligation to protect citizens and offer social security during the churning labor market. This is needed especially when the pandemic brought about increased debt burdens that will continue to eat away at social spending – a kind of “blessing” to the neoliberal agenda to minimize state obligation (see Ryan 2021).

Recent discussions on having self-employed and freelance artists included in the wage supplement scheme is a step forward towards having creative practitioners fairly represented amongst other self-employed workers. Throughout recent years, one major barrier for the creative sector to improve its professional status has been the lack of collective sector-led voice of artists through unions and associations. Within this climate of uncertainties, industry-led associations opened up conversations with government to discuss financial measures, yet it became evident that there is an absence of an equivalent industry-led organization in Malta for the arts. Even though it is misguided to dismiss the autonomy of the self-employed artist and her/his attitude for self-direction and entrepreneurship, it is necessary for artists to be represented collectively by lobbying groups.

In spite of the resistance by some artists to engage in professional arts management, public policy measures are required to address a few of the challenges brought forth in this chapter. The public sector, as a major investor in the arts, needs to set an example by ensuring that fair and equitable conditions are offered to artists, providing contracts and payments on time. Public funding commitments, be they commissions or grants, should emphasize further the importance of appropriate remuneration for artists and their right to enjoy a living income from the artistic

work they generate. Continuous advocacy within the private sector is also needed to ensure that the business community understands and values the contribution artists can make to the development of their enterprises.

In these exceptional circumstances, we propose a few immediate responses, inspired by the conversations held virtually with artists as well as from the observations that emerged from the results of the online survey. These recommendations include the need to mobilize, with immediate effect, an emergency fund for artists, prioritizing those earning an income exclusively from the arts, and to consider universal basic income as a funding model. Recommendations to public and private institutions receiving services from artists include fast tracking any pending payments to provide immediate liquidity to artists. Also, the commissioning of new work needs to provide advances to pay for research and development that may be performed at home. Equally relevant, funders and sponsors are recommended to shift any grants that will not be issued in the interim into solidarity grants that support the livelihood of artists. Building on the suggestions of Leban (2017), it is recommended that policy makers, at both the national and the EU level, acknowledge the precarious working conditions of the artists within the creative economy. This is necessary to safeguard the well-being of artists working through internship programs as well as artists doing nonpayment work within the freebie culture. It is worth noting the normalization in requests for free work within the arts. Every request for free work in the name of exposure and every underpaid offer undermines the value of the arts and the livelihood of the artist. It threatens the growth of artistic talent and reinforces a culture that free or underpaid work pays the bills.

While the collected data through online surveys informs the recommendations made in this chapter and provides a tentative engagement with artists in Malta, the authors are aware of the present time and physical presence limitations. It is suggested that a full ethnography with artists would be followed on to supplement this data and present a richer and more in-depth picture of the situation.

Conclusion

Sociologically, it is intriguing to see how the pandemic is impacting not only on socioeconomic structures, but also on everyday life in general. This chapter deals with the current concerns of artists during the coronavirus pandemic. In view of the multidimensional definition of precarious work, this chapter also acknowledges the precarious working and living conditions of artists within the creative economy. It specifically explores three indicators of precariousness applied in the everyday life of artists and their working conditions: their nonstandard practices, the freebie culture surrounding the arts, and the underrepresentation of artists as a collective.

The data presented in this chapter had initiated discussion on a national platform and prompted action through the “Covid Wage Supplement” in Malta, as a systematic allocation of governmental measure to artists and creative practitioners. Additional to the supplement, this chapter outlined the need for artists

to secure contracts that protect their rights over a period of time and to be represented adequately by unions or lobby groups and/or sector-led associations. The introduction of these measures and policies are necessary for an equitable income to artists, particularly to support them during times when their livelihood is at stake.

Note

- 1 The data in this research was presented as part of a keynote delivery by one of the authors, Toni Attard, as the director of Culture Venture at the International Virtual conference COVID-19 crisis and emergency funding mechanism: what action plan for the cultural and creative sectors organized by Fondation Rambourg Tunisie and Culture Funding Watch.

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PART III

Unveiling social inequalities



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17

ANTI-ASIAN RACISM, RESPONSES, AND THE IMPACT ON ASIAN AMERICANS' LIVES

A social-ecological perspective

Pamela P. Chiang

Since the mass outbreak of COVID-19 in late December in Wuhan, China, racist attacks and discriminatory behaviors towards Chinese and Asians in general have drastically grown in many parts of the world (Coates 2020; White 2020). In the UK hate crimes against Chinese people tripled between January and March of 2020, compared to the same period in 2018 and 2019 (Chadwick 2020; Devakumar et al. 2020). In the virtual world, a 900% increase of hate speech toward China and Chinese people on Twitter was observed; online posts against Asians have also increased by 200% on hate sites (Business Standard 2020; Schild et al. 2020). Although the outbreak of the coronavirus in the United States took place after its spread in Asia and Europe, racist attacks and hate crimes against Asians and Asian Americans in the US had already occurred in Asian communities before the first case was confirmed in the country on January 20, 2020, in Washington State (Holshue et al. 2020). From March 19 to May 20, 2020, more than 1,700 incidents of verbal and physical assaults were reported to AAPI STOP HATE, a website set up by the Asian Pacific Policy Planning Council (A3PCON) (2020). According to the New York City Commission on Human Rights, out of 248 complaints received from February to April 2020, more than 99 cases (40%) were about anti-Asian discrimination compared to only five reports during the same time frame in 2019 (Holcombe and Moghe 2020).

Drawing on the social-ecological perspective (Ungar 2002), this chapter examines the experience of anti-Asian racism among people of Asian descent in the United States during the pandemic, their responses to racism and attacks, and the extent to which their lives have been affected at various levels of the environment (micro: individual; mezzo: families and communities; and macro: societal/cultural/political systems). This framework, based on Bronfenbrenner's (1977) ecological perspective, is used to understand how people and their environment

interact, and how human beings are shaped by and adapted to their environments and by the larger contexts in which settings are embedded. In addition, this chapter also examines current literature (e.g., newspapers, websites, articles, newsletters, etc.) to enhance the understanding of how community organizations and government agencies have responded to this spike in anti-racism against Asians due to COVID-19.

The forms of racist attacks against people of Asian descent in the United States are not limited to verbal assault, such as racial hashtags “Kung-Flu” and “Go back to your country,” but also include physical assault, school bullying, harassment, and discrimination. Reports included being followed, having cars coughed on, being spat on, being barred from public transportation and services, job loss, and vandalism and property damage to Asian-owned businesses (Tessler, Choi, and Kao 2020; Thorbecke and Zaru 2020). Even Asian American health professionals, who were fighting coronavirus on the front lines, faced racist rejection or confrontation from their patients in the workplace and in the community (Jan 2020).

Studies have documented various reasons for the increased hate crimes against Asians and Asian Americans amid the pandemic. First, xenophobia has long existed in the history of the United States, in that when illness came from other countries, society tended to fear foreign-born people (Campbell and Ellerbeck 2020; Cheng 2020; Litam 2020; White 2020). Anti-Asian racism in the context of COVID-19 is arguably an extension of xenophobia in the 21st century in that it scapegoats people of Asian descent of the virus spread even when scientific evidence pointed out that COVID-19 in New York City originated from Europe, not from Asia (Mount Sinai 2020).

Another factor contributing to this wave of hate crimes is the continued misinformation disseminated by the media coverage that reinforced racial misrepresentation of Asian Americans in the pandemic (Litam 2020; Noel 2020). In early February 2020 when the first coronavirus case in New York City was discovered in Manhattan, *The New York Times* covered the news using images of Asians wearing face masks in a predominantly Asian community, Flushing, New York, instead of an image of Manhattan (Campbell and Ellerbeck 2020; Goldstein 2020).

The third force came from government officials’ use of racist language that escalated the existing climate of hostility. On March 16, 2020, President Trump openly referred to coronavirus as the “China Virus,” which was later found to be the point at which blame and Sinophobia increased tremendously on social media platforms (Jan 2020; Schild et al. 2020). During the same time, a national mental health crisis hotline reported a 39% increase in text messages for help from Asian Americans after President Trump’s derogatory language (Filbin 2020). The president continued to use the term “Kung-Flu” in June, and so did other officials in the White House briefing (McEnany 2020).

While many anti-Asian racist incidents have been extensively covered in the news, hardly any literature has examined how individuals of Asian descent have responded to such attacks and how these have affected their lives during the

pandemic when facing two wars at once – coronavirus and racism (Misra et al. 2020). In addition, even less literature has tracked what the federal and state governments as well as NGOs in the United States have done to respond to this heightened report of hate crimes since December of 2019. This chapter begins to fill that gap.

Survey study

Method

For five consecutive days from June 18 to June 22, 2020, the author launched an online survey in English in about ten social groups on Facebook in which primary members are Taiwanese, Chinese, and people of other Asian ethnicities living in the United States. The survey link was also distributed via emails and text messages throughout the author's personal networks to individuals who fit the survey criteria. Survey respondents were required to meet the following three criteria in order to participate in the online survey: (1) be at least 18 years of age or above; (2) be of Asian descent (Asian, Asian American, or with roots in East Asia, South Asia, or Southeast Asia); (3) had stayed or lived in the United States during the pandemic (from December 2019 to the time the survey was conducted in June 2020).

The survey included ten questions, separated into two categories: (1) five demographic questions addressed sex, age, ethnicity, state residency, and the length of residence in the US and (2) five main questions measured respondents' personal experience of racist attacks, harassment, or/and discrimination (or their family's or friend's experience), their awareness of racist attacks from the media and social media, their responses to such attacks, and the impacts that these have had on their lives. There is also an open-ended question in the end of the survey allowing respondents to elaborate. This study has been approved by the Institutional Review Board at the university with which the author was affiliated. All the survey respondents were provided with an electronic consent form to indicate their consent prior to participating.

Survey results

The final valid sample size was 249. The mean age was 39.2 (SD = 9.7). Most respondents were female (69%), and about one-third were male (31%). The majority were Taiwanese (77.9%); Chinese made up 15.3%, the rest were Korean (1.6%), Filipino (1.2%), Japanese (0.4), Indian Chinese, and Malaysian Chinese. In terms of the length of residency in the United States, more than half (58.7%) of respondents had lived in the US for at least a decade: nearly 30% had lived in the US for 10 to less than 20 years, 29% had lived in the US for 20 years and more, and 5.7% were born in the United States. As a result, most of the participants were not newly arrived immigrants, who may have had language barriers or adjustment

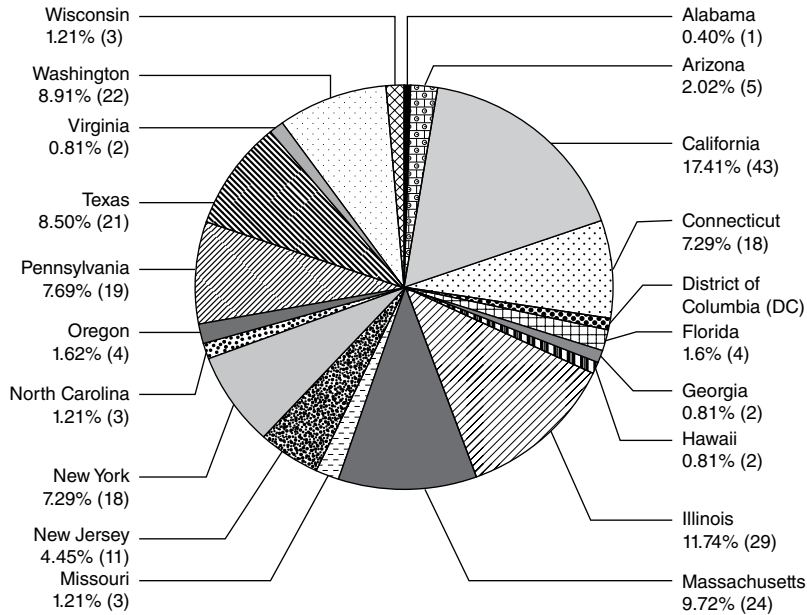


FIGURE 17.1 Distribution of State Residency

issues in the United States. As indicated by Figure 17.1, the majority of respondents were from the following states: Washington (8.9%), New York (7.3%), New Jersey (4.5%), California (17.4%), Connecticut (7.3%), Illinois (11.7%), and Massachusetts (9.7%). This distribution fits the outbreak in the United States that occurred in early March, when the majority of confirmed cases were on the East and West coasts and Illinois.

Experience of racist attacks and harassment

When asked to “check any of the following acts(s) that happened to you or to your family/friends/colleagues in relation to your (or their) Asian descent since December 2019 in the United States,” as shown in Figure 17.2, more than half of respondents (51.8%) reported that neither their family or friends nor themselves personally experienced any racist attack. In other words, 48.2% of the respondents had personal experience or their family or friends did. The top reported racist act was “verbal harassment/assault” (38.2%), followed by “online message abuse on social media (Facebook, Twitter, etc.) (10.8%); the third most commonly reported attack was “physical harassment/assault” (6.4%).

In the narratives, venues in which respondents reported experiencing verbal microaggression and physical attacks included in parking lots, metro stations, and even schools and universities normally assumed to be safe environments. Instances

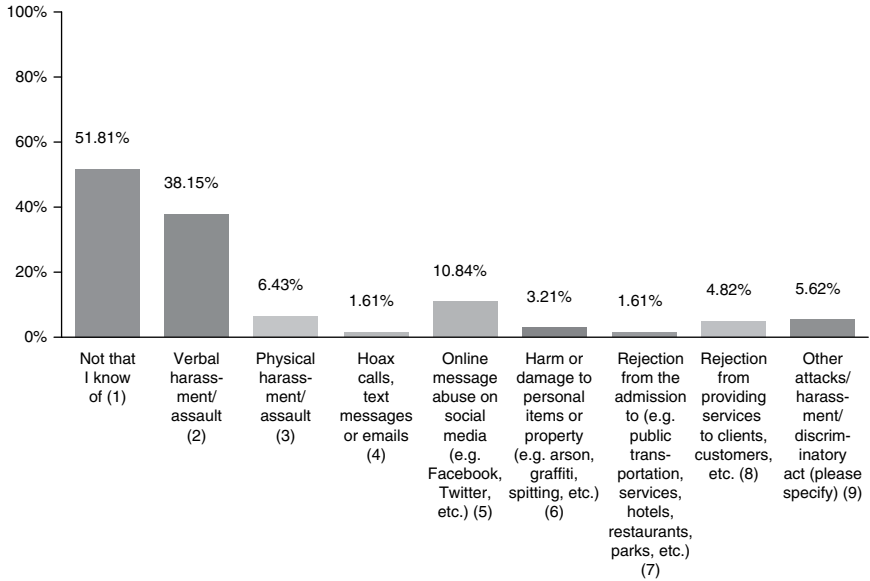


FIGURE 17.2 Racist Act(s) That Happened to Respondents or to Their Family/Friends/Colleagues in the United States During the Pandemic

include, “My kids 8 and 9 years old got attacks at school,” “My professor teased me, ‘did you bring virus back during the winter break?’” “My friend at the University received many anonymous mails saying to kill Asians,” and “I was verbal attacked and threatened because of wearing a mask on NYC metro.” Others received disparate treatment and unfriendly attitudes in restaurants or stores (e.g., scoffing, being treated in an unfriendly way compared to White customers, etc.). For example, “The deli worker won’t talk to me and disinfected utensil station right after I stopped by”; “I got (an) assault note on my car.”

Awareness of racist attacks learned from the media and social media

Compared to a lower rate of racist attacks on the individual or their family or friends (48.2%), respondents reported a much higher percentage of awareness of racist acts in the media and social media (84.7%), which had equal potential to instill fear in them and to affect how they fared and responded in their daily lives.

The top three types of racist attack they experienced via all forms of media are similar to their personal experience: “verbal harassment/assault” (77.5%); “physical harassment/assault” (62.3%); and “harm or damage to personal items or property (arson, graffiti, spitting, etc.)” (41.4%).

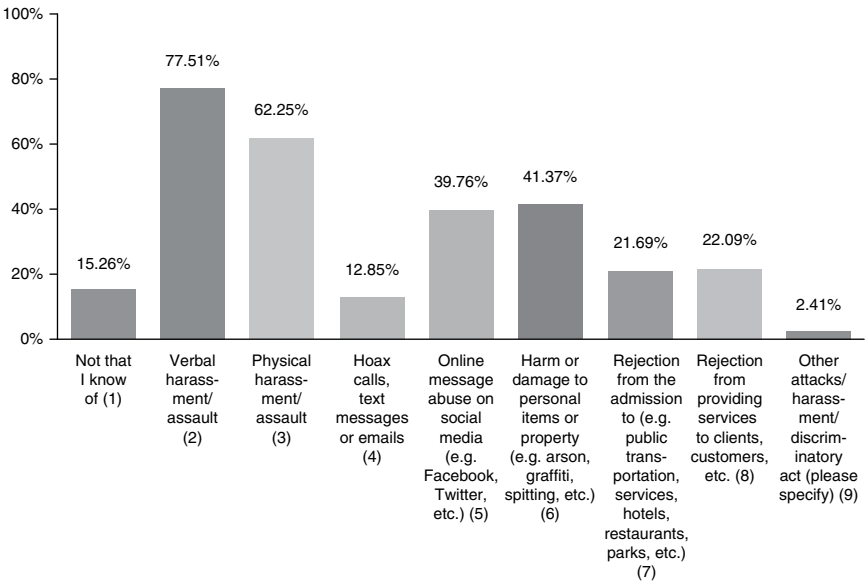


FIGURE 17.3 Racist Act(s) Learned in the Media and Social Media in the United States

Ways to respond

For those who personally experienced anti-Asian racism attack/harassment (an estimated 97 people), when asked how they responded to such acts/incidents, 80.4% of them reported they just walked away; 54.6% said they told their friends, family, colleagues, or posted it on social media. Only 16.5% reported it to authorities (e.g., police, guards, or other reporting system, etc.) and even fewer (3.1%) spoke with mental health professionals about their experience. Some reported (13.4%) that they called out or fought back on the spot or on social media, demonstrated by quotes such as “I called them out for their racism and had verbal arguments, then proceeded to walk away,” “I confronted and talked to the person who initiated the act,” and “I responded directly on social media to the person who attacked.”

Life impact of racist attacks

In this question respondents were asked, “to what extent do you find the following statements to be true in your life?” (Answer choices included “a lot,” “a moderate amount,” “a little,” and “not at all.”) Respondents were given 11 statements and were asked to rate each statement that addressed the following: mental health condition, feeling about job security, how they did their grocery shopping, whether they ever tried to cover their Asian traits (by wearing a mask or sunglasses), reduction of going out, reduction of going out alone, whether they had ever thought

about leaving America, and involvement in social advocacy in the context of racism during the pandemic.

On the micro level, as shown in Figure 17.4, among responses that reporting these statements to be true (those who answered “a lot,” “a moderate amount,” and “a little”), the top three impacts were “I have become anxious, stressed or worried because of the concern for racist climate/acts” (79.9%); “I have become vigilant when going out because of the concern for racist climate/acts” (78.3%); and “I worried about the safety of my family members because of their Asian traits” (75.1%). The results show that the direct impact of racist attacks heavily weigh on people’s mental health.

On the mezzo level, in terms of how people engaged in their community, in their workplace, or in the larger US society, pandemic-related racism also affected people’s feelings, behavior, and intent to continue living in the US. For example, 51.8% reported that they reduced their engagement in the community or neighborhood “by going out less” and “by not going out alone but with company” (41.8%). As further, 43.7% of respondents affirmed, “I worried about my job opportunity/security/performance evaluation because of my Asian descent,” which supports in the early outbreak a disproportionately large number of applications for unemployment benefits by people of Asian descent (Thorbecke and Zaru 2020). An even more profound impact is that one-third (33.7%) of respondents even thought about moving (relocating) to their country of origin or to another country because of the concern for racist climate/acts. This is of great concern, as we know that the majority of the survey respondents had lived in the US for more than a decade, including those who were born in the United States.

Going beyond the individual and family life, a small percentage of people indicated that experience of racism first hand or in the media resulted in their

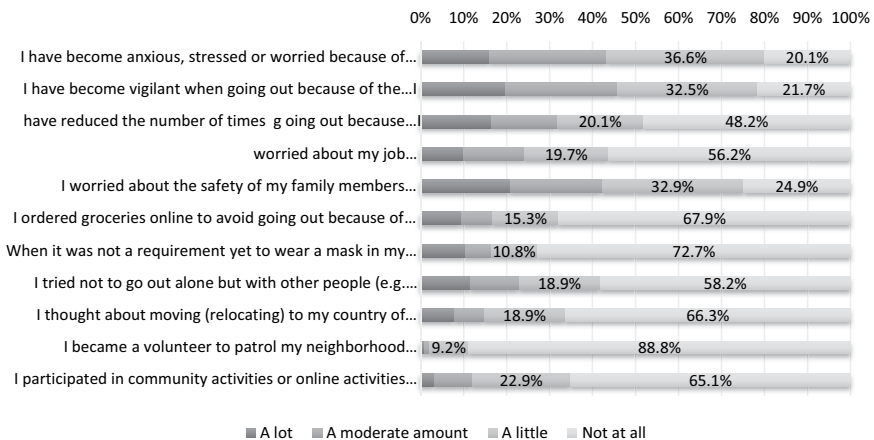


FIGURE 17.4 Life Impact of Racist Attacks

involvement in activism, advocacy, and mutual support in the community. For instance, about one-third (34.9%) indicated that they “participated in community activities or online activities to address anti-Asian racism.” Another 11.24% of respondents agreed, “I became a volunteer to patrol my neighborhood because of the concern for racist climate/acts.”

Interestingly, even though 27.3% of respondents indicated in the affirmative as to whether “they ever tried to cover their face by wearing a mask or sunglasses so that people cannot easily recognize their Asian traits when wearing a mask was not a requirement yet in their state,” some respondents talked about their fear of wearing a facial mask (of their own will) and that they were racially attacked when the state’s policy was not yet requiring people to wear a facial mask, which put those of Asian descent at a higher risk of being racially profiled (Leung 2020). For example, a respondent wrote, “before the official shelter in place order, people looked at me very strangely while I wear a mask at work”; another said, “reason for not wearing face masks, because we get stared at”; and “early on when government suggested not to wear a mask really put Asian American at risk.”

Study limitations

There is scarcity of studies on people’s responses to racism and the impact of racism on Asian Americans’ lives since the outbreak of pandemic in late January 2020 in the United States. The study has strengths in that it not only addressed the aforementioned questions but also conducted primary research in the Asian community after most states’ lockdown policies had nearly ended and states were partially reopened (Haffajee and Mello 2020). Despite the small sample size, the responses represent residents’ voices from 19 states and the District of Columbia.

The study does, however, have limitations given the short time frame of data collection. For instance, respondents were offered an English version of the online survey. Only people with English literacy and access to certain social media platforms could participate in the survey. Further studies should consider offering the survey in other Asian languages in order to reach out to more Asian Americans whose English proficiency is limited. The study also received more responses from states with large outbreaks in the spring, and where large cities, such as Chicago, Seattle, Boston, San Francisco, Los Angeles, and New York, for example, are located. People’s experience of and responses to racism and discrimination may greatly vary if they live in states with fewer people of Asian descent, less diversity of race and ethnicity, and more rural areas as opposed to metropolitan areas.

Responses from the macro level: efforts by the government and NGOs

On the macro level, what have state and federal governments, as well as Congress, and community-based organizations done in response to the rise of anti-Asian

racism in the country despite President Trump's administration repeatedly using derogatory rhetoric to downgrade Asian Americans and their cultural heritage in the usage of the terms, "China Virus" and "Kung-Flu" since March 2020?

First of all, Congress and its members took steps to raise awareness and denounce the racism. On February 26, 2020, the Congressional Asian Pacific American Caucus (CAPAC) urged Congress members to share evidence-based information with their constituents in order to stop the xenophobia and misinformation related to COVID-19 (CAPAC 2020). On March 11, 2020, the National Council of Asian Pacific Americans (NCAPA) along with 260 NGOs wrote to the Speaker of the House and the Senate to "call for unity, and publicly denounce the increase in racist attacks and discrimination against the Asian American community" (NACPA 2020). In April, a dozen senators requested the U.S. Commission on Human Rights (USCCR) to take stronger actions to prevent and address anti-Asian racism in a letter (Yam 2020).

As for the federal government, rather than proactively take actions to prevent and to promote a uniform response, actions have been limited to reactively issuing guidelines and offering statements and warnings compared to the series of initiatives taken after the 9/11 terrorist attack in 2001 (Campbell and Ellerbeck 2020) and those during the SARS outbreak in 2003 (Person et al. 2004). For instance, the Centers for Disease Control and Prevention (CDC) released a statement for "Reducing Stigma" related to the spread of coronavirus (CDC 2020). In early March, the US Department of Education (2020) issued a coronavirus statement to educators to inform them of the increasing number of bullying against students of Asian descent and to ensure that CDC guidelines were followed after several bullying occurrences had already taken place in the nation (Capatides 2020). In spite of the FBI warning in late March about the surge of racist attacks against Asian Americans (Margolin 2020), it was not until May that the US Commission on Civil Rights (2020) issued recommendations to all civil rights commissions in the country that "it is also necessary for the federal government to communicate and act in a manner that demonstrates to communities that it will protect all Americans regardless of race, national origin, or other protected characteristics."

At the state level, a few states have shown more efforts than other states have in investigating anti-Asian racism and hate crimes. On March 23, 2020, the state of New York's Office of the Attorney General launched a hotline to report hate crimes and bias-based incidents "in the wake of rising reports of harassment and assaults, as well as rhetoric against Asian Americans" (New York Attorney General 2020). The New York City Commission on Human Rights (NYCCHR) organized a COVID-19 Response Team and launched a series of efforts to combat racist attacks and discrimination by putting ads in local media, on online texting platforms, and in shops in the community to encourage reporting of discrimination (Cheng 2020; Thorbecke 2020). The Asian American Commission of Massachusetts (2020) held numerous webinars and panels raising awareness during the Asian American and Pacific Islander Heritage month in May 2020 and launched

an online reporting system for racial hostility. On April 30, 2020, the California Department of Justice (2020) issued a bulletin to law enforcement officials across the state to ensure the awareness of hate crime activity and the preparedness to respond to such crimes. The Seattle Police Department (2020) set up a reporting system for hate crimes and the Bias Crimes Unit within the Violent Crimes section to investigate these bias-based cases and to track and report trends on a monthly basis. Unfortunately, the federal government's approach to facing the nationwide issue of anti-Asian racism has been the same as its response to the nationwide surge of COVID-19: leaving localities and states alone to take mitigation measures in their own states and towns (Haffajee and Mello 2020).

In contrast, nongovernmental organizations have been a lot more proactive in making substantial efforts to tackle hate acts, to empower Asian Americans to cope with violence, as well as to promote neighborhood surveillance in Asian communities. For instance, the Asian Pacific Policy Planning Council (A3PCON 2020) in Los Angeles soon initiated a website to track hate crime reports against AAPI (STOP AAPI HATE) in March 2020. The Guardian Angels, a New York-based organization that mobilizes volunteers to patrol in many communities in the US and around the world, for the first time in 41 years recruited in Asian communities to protect residents in various Chinatowns (Chang 2020). Asian Americans Advancing Justice (AAJC 2020), a national organization that aims to improve the civil and human rights of Asian Americans, launched a series of online bystander intervention programs to train people to address xenophobic harassment, de-escalate conflict, and maintain self-care. The Lawyers' Committee for Civil Rights under Law (2020) in the District of Columbia offered a Stop Hate Project that provides hate crime victims with resources such as "pro bono attorneys, community organization, mental health services and access to counsel."

Community collaboration, however, will not be enough without the monitoring and intervening action of the virtual world on social media platforms by tech companies, especially when a lot of hate speech and human interaction turned into online activities during the lockdown in March 2020 (Croucher, Nguyen, and Rahmani 2020). Therefore, the gatekeeping of social media has become extremely important and time sensitive during the pandemic. In mid-March 2020 major companies such as Facebook, Reddit, Google, LinkedIn, Twitter, Microsoft, and YouTube issued a joint statement to fight against misinformation surrounding the coronavirus pandemic (Romm 2020; Shu and Shieber 2020). As false information has quickly spread online during the pandemic, which the World Health Organization (WHO) has termed an "infodemic" (Rithtel 2020), actions to limit misinformation while promoting accurate information should also apply to the spread of racist slurs, rumors, and verbal abuse spread online about people of Asian descent.

Conclusion

As the United States has been the country most severely hit by COVID-19, scapegoating one single race for the loss and grief caused by the spread of disease will

not heal the nation but instead divides it further and undermines the harmony and collaboration it takes for the US society to recover. The stereotypes that continue to deem and treat Asian Americans as foreigners despite their immigration history in the United States since the 19th century and being the most rapidly growing immigrant group in the 21st century (US Census Bureau 2017) will only continue to obscure their contribution to a stronger and more diverse society.

The study results resonate with others in that the foremost impact of racism during the pandemic is the deterioration of individuals' mental health (Litam 2020). The results also suggest that people's feeling of safety in the community and in their workplace as well as their intentions of remaining in the United States have also been jeopardized. Even though pandemic-related racism has motivated people of Asian descent to become more involved in community organizations and volunteering (Tessler, Choi, and Kao 2020), particularly through NGOs in establishing mutual aid networks and self-defense as found in this study, combating anti-Asian racism during the pandemic has not ignited nationwide reckoning on the xenophobia that Asian Americans have long suffered in the United States for centuries. Continued efforts to raise more awareness and to advocate for the safety and well-being of Asians and Asian Americans in the United States are vital in the future.

The pandemic has already taken a toll on many people's physical and mental health; however, Asians and Asian Americans psychologically bear even more burdens due to the violence, assault, and discrimination in everyday life, in news, and on social media. As the findings revealed, only a very small percentage (3%) of people chose to seek out help from mental health professionals after encountering racist attacks or harassment. While it has been well-documented that Asian Americans in general have a low rate of mental health care utilization (Yee, Ceballos, and Lawless 2020), it is imperative to dismantle structural racism so that people of Asian descent feel comfortable and safe seeking mental health care in this critical time. For mental health care providers, it is important that they are aware of the contextual stress and strain on this racial group amid the pandemic and thus adopt culturally sensitive and trauma-based interventions in working with this population (Litam 2020). In the meantime, it may be more effective to offer community outreach meetings, services, and programs directly in Asian communities when the stigma and stereotype against Asian Americans persist in the larger context (Misra et al. 2020).

COVID-19 is not only a health pandemic but also a pandemic of anti-Asian racism and violence. Just as we need the federal government to respond to the COVID-19 spread in a swift and strong policy action (Haffajee and Mello 2020), we also need the national leadership in early and concerted efforts to address the various forms of racial discrimination against people of Asian descent in order to stop the spread and negative impact of this racism pandemic. No individuals, communities, or even a single state alone can mitigate xenophobia, hostility, and discrimination during the crisis and following the pandemic era while simultaneously trying to lessen the ramifications of coronavirus in the US society (Human Rights Watch 2020).

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18

THE IMPACT OF COVID-19 ON THE LIVES OF SEXUAL AND GENDER MINORITY PEOPLE

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As of July 2020, over 14 million people have tested positive for COVID-19 worldwide and more than half a million have perished. During this pandemic, sexual and gender minority (SGM; i.e., lesbian, gay, bisexual, pansexual, transgender, nonbinary, etc.) people have experienced both blame and scapegoating related to historic animus, as well as an exacerbation of preexisting disparities within health-care systems. This chapter is grounded in minority stress theory, which proposes that the pervasive expression of societal anti-SGM animus may manifest through the internalization of negative social attitudes, behavioral patterns of concealment and interpersonal guardedness to protect the self against discrimination, and the direct harm of violence and prejudicial treatment (Meyer 2003; Hendricks and Testa 2012). This cumulative stress has been found to lead to a wide range of physical and psychological health disparities (e.g., Bränström, Hatzenbuehler, and Pachankis 2016; Burton et al. 2013). The first section explores the primary expressions of social bias that have been well-documented since the start of the pandemic: blame for COVID-19 due to moral/religious reasons or a broader association with disease; eruptions of violence toward SGM people under the guise of preventing the spread of COVID-19; expressions of bias that endanger SGM people in context of the broader pandemic; and the weakening of legal and administrative protections against discrimination while the public is focused on COVID-19.

The second half of the chapter will emphasize the direct effects of COVID-19 on the health and well-being of individuals in SGM communities. SGM people are overrepresented in contexts that present obstacles to complying with shelter-in-place orders or increase risk of virus exposure, including refugee and asylum seekers, homeless populations, and individuals who may not be out to family or those with whom they cohabit. SGM-specific disparities in healthcare access exist internationally and may be further exacerbated by the strain and restrictions of

COVID-19 upon healthcare services. COVID-related restrictions have also disrupted access to gender-affirming care for transgender patients and HIV-related care such as medication and pre-exposure prophylaxis (PrEP). The relatively quick progression of COVID-19 infection also poses challenges to ensuring that one is treated in accordance with their correct pronouns and name. Further, nondiscrimination policies in health care vary across borders, some of which are currently being undermined in the US and elsewhere in the world. This may lead to the rejection of care for SGM, particularly transgender and gender diverse patients, or a failure to acknowledge sexual minority relationship partners as medical decision makers. While it is too early to total the costs of the pandemic, it is likely that SGM communities will experience far-reaching disparate health outcomes not only as a direct result of the coronavirus, but also indirectly due to restricted access to HIV and non-COVID critical care, as well as broader sociopolitical consequences in response to or under cover of the pandemic.

Preexisting conditions: bias and health disparities

Minority stress theory is currently the most popular theory in psychological and public health research accounting for the impact of bias on the health and well-being of SGM people. Though minority stress theory had been first described in 1981 (Brooks 1981), it was not popularized until the work of Ilan Meyer over a decade later (Meyer 1995; Meyer 2003). Minority stress theory posits that when examining the impact of societal animus toward SGM people, there is no single source or response type that might be measured or articulated. That is, though bias, discrimination, and violence serve as stressors, only considering these overlooks internalized stigma (e.g., the acceptance of societal beliefs that pathologize SGM identities); expectation of rejection (e.g., the interpersonal guardedness that arises from an awareness others, including loved ones and family, may hold biased beliefs and be rejecting), and the stress of effortful concealment in a dangerous environment. More recent elaborations emphasize the role of resilience factors, such as community connectedness (Meyer 2015). The model has also been separately adapted for gender minority individuals to include gender-specific stressors, such as being misgendered by others as well as gender-specific resilience factors, such as pride in one's transgender or nonbinary experience (Hendricks and Testa 2012).

Minority stress theory is a helpful frame as it identifies factors that might be considered for intervention to mitigate bias as well as stressors to be considered when a new context suggests changes in the experience of stigma. In reminding researchers and interventionists that minority stress is a result of the environment and not individuals (Meyer 2019), we considered factors that illustrate actions taken by government and religious institutions that promote bias and increase health disparities, as well as widely disseminated speech that increases the likelihood of popular expressions of anti-SGM bias. Further, we have considered and described existing inequalities in healthcare systems that may be exacerbated or more pronounced

during the current context of the pandemic. It is also important to consider the historical and societal projections toward SGM people that pervade most societies – sexual orientation and gender-diverse identities have been associated with wealth, vice, globalism, colonialism, or psychopathology (e.g., Kole 2007). The global impact and association between SGM identities and HIV, particularly in North America, Australia, and Europe, may also affect ideas about illness, contagion, and susceptibility that influence bias toward SGM people (e.g., Filip-Crawford and Neuberg 2016).

Health disparities

Prior to COVID-19, SGM people have reported difficulty accessing needed health services due to inequality in the workplace and health insurance sectors, the provision of substandard care or outright denial of care, as well as discrimination, stigma, violence, and rejection in their interactions with the healthcare system based on their sexual orientation or gender identity. Compared to the general population, SGM individuals in the United States are more likely to live in poverty and lack access to adequate medical care and paid medical leave. In the US, for example, 17% of SGM adults lack health insurance coverage compared to 12% of non-SGM adults (Whittington, Hadfield, and Calderón 2020). These problems are compounded for transgender adults and those of color: 22% of transgender adults, 23% of SGM adults of color, and 32% of transgender adults of color have no form of health coverage. Many SGM individuals work in industries that do not offer employer-sponsored health care, and even for those lucky enough to receive health benefits, same-sex spouses are offered significantly less coverage as compared to other-sex spouses (Dawson 2018). For transgender individuals, many insurance plans exclude or limit transition-related care as cosmetic, experimental, or unnecessary, despite the fact that such procedures are considered medically necessary. As a result, gender-affirming surgeries and hormone replacement therapy are prohibitively expensive for some of the most impoverished and stigmatized communities within the SGM population. Finally, minority stress is associated with a number of health behaviors that may lead to worsened healthcare outcomes, such as higher rates of smoking (Hoffman et al. 2018) and alcohol consumption (Livingston et al. 2017).

Further, many SGM individuals are reluctant to seek medical care due to negative experiences when seeking care (Kcomt et al. 2020). There is a lack of providers who are not only culturally competent, but also willing to work with SGM populations at all. Many SGM individuals receive substandard care or outright denial of care based on sexual orientation, gender identity, and gender expression. For transgender individuals, even seeking routine care has the potential for humiliation, discrimination, violations of privacy, and even violence. Nearly one-quarter (23%) of transgender individuals surveyed in the 2015 U.S. Transgender Survey avoided seeking needed health care due to fear of discrimination (James et al. 2016).

Each of these factors – access to health care, insurance in the United States, the possibility of mistreatment by medical providers, or humiliation in medical settings – may lead to deferred treatment and worsened outcome when an SGM individual notices symptoms that may indicate infection with COVID-19. Similarly, elevated rates of smoking, alcohol use, and underlying medical disorders may lead to a heightened risk of mortality that will not be clear until after the pandemic subsides and a greater examination of outcome data is possible.

Anti-SGM animus in response to COVID-19

Hate speech and targeted attacks from conservative religious and political leaders against the SGM community and persons living with HIV have increased alongside the spread of COVID-19. These attacks on the SGM community are particularly dangerous in the context of the pandemic, as support by political and religious institutions may result in exacerbations of preexisting bias when shelter-in-place orders and border controls already limit access to seeking safety or fleeing abusive and dangerous environments. Worldwide, religious and political figures have linked COVID-19 with divine sanction of abortion and gay marriage (OutRight Action International 2020). In Turkey, such claims were publicly supported by several political leaders, including President Erdogan (ILGA Europe 2020a). SGM people are not only scapegoated, but also stigmatized as vectors of disease during the COVID-19 pandemic (OutRight Action International 2020). In France, a gay couple found a threatening note telling them to vacate their home that linked the transmission of COVID-19 with being gay (Assunção 2020). These accusations incite discrimination and violence against SGM people, leading many to voice fears that they will be profiled and deprioritized for health care as the pandemic spreads (OutRight Action International 2020).

Anti-SGM violence exacerbated by or attributed to prevention of COVID-19

Violence against SGM people has also been reported under the guise of COVID-related public health prevention measures. In the Philippines, three SGM individuals among a group of curfew-violators were singled out by police for harassment and public humiliation in a live video streamed to Facebook (Juguilon 2020). In Belize, a young gay man living with HIV, Ulysease Roca Terry, was detained for breaking curfew. He described bullying and physical violence while in police custody, and he died days later from injuries believed to have been inflicted by the police (Channel5Belize 2020). In Panama, Peru, and Bogota, Columbia, quarantine schedules based on binary gender presentation (e.g., male days and female days) resulted in the denial of services, physical violence, arrest, and incarceration (Human Rights Watch 2020a). While these policies were rescinded in Peru after a week and in Bogota after a month, they remained in effect in Panama as of mid-July.

Lockdown measures isolate SGM individuals from community support systems, socialization, and work outside of the home and at times expose them to inescapable emotional and physical abuse from homophobic or transphobic family members (Cohen 2021; OutRight Action International 2020). This particularly impacts youth and young adults who may have been “out” at school or with peers while concealing their identity at home. Relatedly, job loss and school closures have also forced SGM people who previously lived independently to move back in with family – which for some would mean hiding their identities and facing discrimination, misgendering, threats, or acts of violence such as corrective rape or conversion therapy.

In Morocco, where homosexuality is illegal and the law does not prohibit discrimination on the basis of gender identity or sexual orientation, a campaign of “outings” have exposed the sexual identities of many gay men (Human Rights Watch 2020b). The outings began when a social media influencer instructed her female followers to create fake profiles on gay dating apps to identify gay men in their vicinity. As a result, numerous men received threatening messages and their photos were circulated on social media with homophobic captions and threats, which put them in danger of humiliation, blackmail, and violence. In several cases, men have been ejected from their homes amid a coronavirus lockdown, and in at least one verified report at the time of writing, has led to a young man’s suicide (Parsons 2020).

Lockdowns have also removed the ability to escape or de-escalate abuse for those living with abusive partners (Toesland 2020). The prevalence of intimate partner violence is comparable or higher among SGM couples in comparison to heterosexual couples, though SGM people face unique barriers to seeking help (Rollè et al. 2018). Outing is both a method of abuse as well as a barrier to seeking help. Prior experiences of violence, discrimination, and rejection also make SGM victims less likely to seek help from medical or law enforcement communities when they are abused. The common misconceptions that intimate partner violence is a purely male-perpetrated, heterosexual experience can make it difficult for sexual minority men, women, and transgender individuals to access culturally competent services. In fact, SGM shelter services are rare or nonexistent in many regions, as most shelters do not admit men or transgender individuals and may not provide adequate protection against disclosing shelter locations to abusive women seeking partners who have fled. Confinement at home, together with the financial stress caused by the pandemic, greatly increases the risk of violence against survivors.

Even SGM-friendly homeless shelters are not exempt from violence. Under the guise of carrying out presidential initiatives to reduce public gatherings, police in Uganda raided a shelter for SGM youth. Twenty-three people were arrested with COVID-19-related charges, and though two were released for medical reasons, the rest were jailed for over 50 days and denied visitations, access to legal services (deemed not to be “essential”), and medication, despite the fact that some of the individuals were HIV positive (Reuters 2020).

Weakening legal protections in light of a distracted public

Many governments around the world took advantage of the immediate panic or distracted media to enact or repeal laws unrelated to the pandemic that would curtail the rights and liberties of SGM people and people living with HIV. In France, the parliament delayed voting on a long-promised bill that would have legalized reproductive assistance for same-sex couples and single women. While the government cited the strain of reduced legislative manpower due to COVID-19, others have called it a pretext to avoid the vote (Thorin 2020). The Constitutional Court of North Macedonia repealed an anti-discrimination law that protected SGM people, and the postponement of the country's parliamentary elections due to COVID-19 leaves the fate of this law particularly uncertain and urgent for its SGM citizens (ILGA Europe 2020b). At the time of writing, ministers in Boris Johnson's administration plan to throw out reforms to United Kingdom's gender identity laws that would have simplified the process for transgender people to change their birth certificate without the need for a medical diagnosis (Hunte 2020). In the US, the state legislatures of Idaho and Alabama passed laws denying transgender children gender-affirming medical care, school support, and involvement in school sports, as well as the ability to change their sex on their birth certificates (Charles 2020). At the federal level, the United States Department of Health and Human Services under Trump's administration completed a planned revision of Obama-era policies that prohibited healthcare discrimination based on sex and gender identity, by reinterpreting Section 1557 of the Affordable Care Act to prohibit nondiscrimination on the basis of biological sex (Simmons-Duffin 2020). In doing so, the administration has also affirmed a healthcare worker's right to deny care based on religious or moral objections. Such efforts have continued despite a Supreme Court ruling upholding the historic framing of discrimination according to sexual orientation and gender diversity constituting a prohibited form of sex discrimination under the law. During a public health crisis that disproportionately impacts the health and economic welfare of SGM people, the combination of attempted legal reversals and uncertainty pose new challenges for SGM people attempting to access health care from federally funded hospitals.

In several nations, governments have enacted laws that breach international human rights obligations to the legal recognition of gender identity and to remove HIV-specific criminal laws. The Hungarian parliament passed a bill that makes legal gender recognition impossible for transgender and intersex people, increasing their risk of harassment, discrimination, and exposure to violence whenever they use their identity documents (UNAIDS 2020). In Kazakhstan, the parliament proposed Amendment No. 539 to its health code, limiting transgender young people's access to essential trans-specific health care by increasing the age limit from 18 to 21 (ILGA-Europe, TGEU, and IGLYO 2020). In Poland, the legislature fast-tracked an amendment to the criminal law that significantly increased the penalties for HIV exposure, nondisclosure, and transmission (UNAIDS 2020). The criminalization

of HIV not only violates the rights of persons living with HIV, it also undermines international efforts to curb the spread of HIV and ensure access to treatment (The Lancet HIV 2018). As the SGM community is disproportionately affected by HIV (the risk of acquiring HIV is 12 times higher for transgender people and 22 times higher among men who have sex with men), such laws should also be considered attacks against SGM people (UNAIDS 2019).

Direct effects of COVID-19 on individual health and well-being

In many parts of the world, SGM people face persecution, discrimination, violence, and even the risk of death penalties for their sexual orientation or gender identity (Itaborahy and Zhu 2012). The COVID-19 pandemic has occurred at the culmination of decades of increasing numbers of refugees and asylum seekers globally, particularly by SGM people attempting to flee violence or seek the security to live freely and openly (UNHCR 2018). With the closure of borders, individuals already fearing violence or persecution are trapped in place, with little recourse. Though the aforementioned degree of outings occurring in Morocco is not a global phenomenon, the fear of discovery and violence and the inability to escape across closed borders suggests a hidden human rights crisis that will not be fully understood while the pandemic continues. This is only one form of harm affecting vulnerable individuals, however, with changes in the implementation of healthcare access and provisions of treatment taking a toll on SGM people in every nation. In no domain is this more immediately clear than in the restrictions and challenges to receiving care by gender minority people and those living with HIV.

Barriers to gender-affirming care and HIV care due to COVID restrictions

Pandemic-related changes in hospital care have resulted in the interruption of both gender-affirming therapies as well as antiviral medication for HIV, including hour restrictions and availability of non-COVID-19-related services. The classification of medical treatment as “elective” or “essential” has postponed the initiation of gender-affirming therapies and cancelled gender-affirming surgeries postponed indefinitely (Mohan 2020). Hormone treatments and gender-affirming surgeries have been shown to alleviate distress around dysphoria and improve both mental health and quality of life for transgender individuals (Costa and Colizzi 2016; WPATH 2016; Wernick et al. 2019). For some, surgery cancellation may mean reapplying for procedures with their insurance, the cost of which may be prohibitive for a community that tends to have inconsistent access to insurance (Mohan 2020). For transgender individuals, the delay of gender-affirming medical care can be a matter of life or death, and indefinite postponement may give rise to hopelessness.

Hormone treatments have also been more difficult to access, as patients either cannot pick up their medications due to drug shortages or lockdown restrictions or are denied by pharmacies and health insurance as nonessential (OutRight Action International 2020). Transgender individuals who do not have their next supply of hormones have reported fears of detransitioning, which can heighten dysphoria, as well as concerns over social integration, personal safety, and health consequences (Mohan 2020). When researchers in the United States began to test the use of hormones in treating COVID symptoms, many transgender individuals in that country reported feeling that it underscored the deprioritization of transgender health care (Gulino 2020). Some even feared that should hormones be proven to be an effective treatment for COVID, the competing needs to support the COVID-19 response would further reduce access for transgender people. The sidelining of transgender medical care in the global health crisis underscores beliefs that the health and humanity of transgender patients are less valued than those of cisgender patients (Urquhart 2020).

People living with HIV around the world have also reported difficulties with accessing essential HIV-related care due to disruptions to the supply chain and to services due to the competing needs of COVID-19 care, as well as to distance, lack of transportation, fear of disclosure, and the distrust of the health system to maintain confidentiality (OutRight Action International 2020; World Health Organization 2020). In China, for example, it was estimated that 32.6% of individuals living with HIV were at risk of antiretroviral therapy (ART) discontinuation and about 48.6% did not know where to get ART drugs in the near future (Jiang, Zhou, and Tang 2020). Community-based organizations, such as the Wuhan LGBT center, have helped to maintain HIV services by organizing and delivering HIV medication from hospitals to those quarantined in their communities (often with family members unaware of their HIV status). However, in resource-poor settings such as sub-Saharan Africa, where two-thirds of the 37.9 million persons living with HIV reside (UNAIDS 2019), the COVID pandemic is expected to exacerbate the HIV pandemic in regions of the world that are medically and structurally vulnerable (Pinto and Park 2020). Social distancing, travel bans, state curfews, and the suspension of public transportation have together increased the costs of accessing critical medications, with some needing to travel on foot or pay their own way (OutRight Action International 2020). Although the WHO recommends multi-month prescriptions to reduce pharmacy and doctors' visits, concerns over medication shortages has meant that clinics are unwilling or unable to dispense more than a month's supply at a time (OutRight Action International 2020; Pillinger 2020). In addition, many persons living with HIV report being afraid of going to healthcare facilities where HIV services are located, as they do not want to be associated with those tested positive for COVID-19 or to be associated with those who live and work in proximity to COVID patients (OutRight Action International 2020). Disruptions, even short-term, might negatively impact the health of people living with HIV and

their potential to transmit, as well as lead to death. Researchers who modeled three-month and six-month disruptions of HIV medication projected up to a two-fold increase in mother-to-child transmission and over half a million adult HIV-related deaths over the next year (Jewell et al. 2020).

Discrimination by medical providers in the context of COVID-19

Pre-COVID-19, studies have shown the prevalence of SGM individuals delaying or avoiding necessary health care due to anticipation of discrimination, mistreatment, or choosing not to disclose their SGM identities to providers, even when that information may be medically relevant (Göçmen and Yılmaz 2017). Healthcare inaccessibility may have far-reaching sequelae, as transgender individuals who delay health care due to fear of discrimination have poorer overall health and mental health outcomes (Seelman et al. 2017). These trends are particularly dangerous in the context of a global pandemic in which testing, early prevention, and appropriate medical care are necessary for individual and community well-being.

Healthcare providers, situated within local and international sociopolitical contexts, demonstrate anti-SGM sentiment in their work – even when governmental protections exist. Müller (2017) found that despite a constitutional right to non-discrimination in healthcare and policy-related efforts to improve SGM health care in South Africa, individuals continue to experience homophobia and transphobia from healthcare workers. Examples of experiences of SGM communities within healthcare systems include refusal of care, expressions of anti-SGM sentiment (e.g., moral judgement, ridicule, insults, blaming SGM identities for the individual's disease/healthcare needs), violations of confidentiality, forced religious practices, and poor-quality care (Müller 2017; Rispel et al. 2011; Stevens 2012).

Particularly when healthcare systems are overstressed and inaccessible in the context of COVID-19 and as frontline healthcare providers experience burnout, preexisting stigma and discrimination towards SGM communities may surface in deeply harmful ways. This process is particularly relevant to SGM populations who have both current and historical community trauma related to illness and disease. Lessons learned from the conceptualization of HIV highlight both explicit and implicit perpetuations of oppression in the way we communicate about COVID-19:

Illnesses have been constructed as both evil predators and personal responsibilities, contributing to social rejection . . . Military metaphors – including such terms as targets and fighting – frame illnesses as society's invasive, wicked infiltrators that spur paranoia and command social order, and in turn can exacerbate pre-existing social inequities.

(Logie and Turan 2020, 1)

SGM populations carry a context of being the pathologized and stigmatized “other” within healthcare systems and at times socially experienced (including by providers) as the cause of illnesses like HIV and COVID-19, while also experiencing stigma in the form of conceptualizing SGM identities themselves as disease. Further, due to sequelae of systematic oppression, SGM populations as a whole may be more likely to rely on income sources that subject them to a higher risk of infection (e.g., service industry, contract work, day labor, sex work, community work) – which may result in more stigma and blame towards individuals who present to hospital systems having contracted COVID-19.

Finally, the well-documented lack of training around SGM-specific care and interpersonal bias towards SGM communities more broadly might disincentivize providers from providing care to individuals who are deemed “difficult” or “complicated,” as healthcare providers are forced to make quick and difficult choices around who receives healthcare resources. This may include names, pronouns, and identities that may or may not match forms of identification used in healthcare settings (and related barriers with insurance) or partner/family structures for visitation or shared medical decision-making that may differ from cisheteronormative standards.

Conclusion

The COVID-19 pandemic and subsequent closed borders, shelter-in-place orders, prohibitions on gathering, and carefully managed, finite medical resources all impact SGM people in specific, deleterious ways. This chapter has only reviewed some of the impacts that have been documented to different degrees during the beginning of the pandemic; time will yet reveal the full cost to the SGM community if a second wave strikes those nations that have managed to suppress the spread, and many large nations such as the United States, Russia, and Brazil, as of the time of writing, have not yet managed to control even the initial wave of the pandemic.

Some sites of resistance and protest have shown promise in responding to the enactments of the previously detailed bias. For example, in wealthier regions such as North America and Europe, the judiciary has served as a powerful buffer against discriminatory legal changes. In June 2020, the United States Supreme Court ruled that sexual orientation and gender identity are protected under federal legislation prohibiting sex discrimination (Barnes 2020), which may serve to slow government efforts to enshrine discrimination into federal healthcare rules. The following month, the European Court of Human Rights ruled against the Hungarian ban on gender marker changes in the case of a foreign citizen who had been granted asylum, though the logic of the ruling suggests the law may be completely overturned in a future case (Reid-Smith 2020). Judicial relief typically requires a legal framework and social context that recognizes SGM personhood and autonomy, which does not apply to all cases described in this chapter.

Many of the broader threats described are ones that pre-date COVID-19 and that suggest the importance of ongoing activism in the domains of both policy and social change. Greater access to health care and training and educational standards for doctors and nurses to enhance ethical, nondiscriminatory practice are key targets. Additionally, while some nations have greater legal obstacles or are dangerous for SGM citizens, both the United States and European Union have a poor history of consistently accepting SGM asylum seekers. Following the well-publicized arrests and murders of gay and lesbian people in Chechnya begun in 2017, for example, the United States has not accepted a single asylum seeker from the region. Across North America, Europe, and Australia, SGM asylum seekers are routinely challenged over their alignment with the evaluator's gender stereotypes. It can ultimately be hoped that the magnification of bias during the pandemic, as well as supportive court rulings and the gradual re-engagement of legislative bodies, serve as helpful reminders that advocacy for policy change can continue prior to the end of the pandemic.

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19

VIOLENCE, VIRUS, AND VITRIOL

The tale of COVID-19

Monita H. Mungo

The world watched as officials in Wuhan City, Hubei Province of China, closed off the heavily populated city as a containment strategy for the transmission of 2019-nCoV (novel coronavirus) which caused the city to be deemed the epicenter in late January 2020. It was during that same time, January 20, 2020, that the first case of the novel coronavirus was discovered in the United States in Washington state (World Health Organization, January 2020). The politicization of the coronavirus began almost immediately. President Trump, who was in the middle of a highly polarized impeachment trial, as well as conservative news outlets, minimized the potential risks and spread of the novel coronavirus as being a ploy to divert attention from an impeachment process that was not successful for the Democrats. Further minimization efforts compared the new virus to the flu, although Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, described it as being ten times more lethal than the seasonal flu, which has a vaccine (Peters and Grynbaum 2020). The spread of the novel coronavirus, and the United States' governmental response, illustrates structural violence and its grave consequences. As the novel pathogen continues to baffle top scientists and medical professionals regarding exposure, acquisition, and mortality, the social impact and implications of the disease have laid bare the United States' infrastructure, unmasking stark inequalities and misguided ideologies for the world to see.

Structural violence

Structural violence provides an important framework for analyzing the social implications of the coronavirus pandemic. In the United States, structural violence is a direct result of the maintenance of the social and economic structure of society that preserves the dividing line that separates the weak from the powerful,

the poor from the rich, and the inferior from the superior, while wreaking havoc and harm on those who cannot afford to pay or lack the ability to earn their way up the social mobility ladder. Structural violence, as described by Johan Galtung (1969), is characterized by both a passive phenomenon that occurs as a result of larger social processes that collude to harm people and a deliberate action by actors in power who wield it to maintain social stratification (Lee 2016). Violence is used to describe the preventable harm that occurs; it is structural because it is embedded in the way society is organized. Unlike physical violence, which can be observed and often has an apparent perpetrator and victim, structural violence is difficult to see, and assigning blame to one individual is challenging. It is camouflaged in social practices, policies, safety guidelines, and prevention recommendations that distribute power, access, and opportunity unequally, harming many victims simultaneously. To some degree, structural violence is experienced by all citizens, but more noticeable effects are seen in groups labeled as poor and minority, especially in times of crisis. In addition, structural violence goes unnoticed because its effects are seen as “ordinary difficulties” that people encounter (Lee 2016, 110), such as catching a virus.

Virus: the politicization of a pandemic

The severity of the novel coronavirus has arguably been lost on many citizens of the United States as a result of the divisive political nature in that country. In the beginning, when the scientific and medical communities proliferated messages of information, concern, and prevention, the novel coronavirus was considered a Democratic hoax by President Trump; a “fraud” and “another attempt to impeach the president” by a popular conservative cable news channel; and nothing more than another type of flu virus by social media and radio news icons (Peters and Grynbaum 2020). The amount of misinformation and wanton disregard for science rendered the United States exposed. Lived experience was ignored while reports continued to broadcast daily about China and Italy, where exponential growth in confirmed cases and deaths occurred. Because the divisive nature of the current political climate has been normalized, US citizens must fend for themselves for viable information to keep themselves and loved ones safe. While there are less polarizing and more scientifically based media outlets, the challenge is determining what sources can be trusted, since the way information is disseminated in the United States is also politicized. In this context, instead of being blissful, ignorance is dangerous, with the potential to be deadly. The spread of misinformation is a deliberate action of power wielded by several actors who are to blame for many citizens not complying with recommended precautions to safeguard themselves and others. The resulting harm is unwitting, contagious citizens going about their daily lives infecting others (Ryan 2021). The perpetrator of harm is difficult to accuse since misinformation and fact distortion are normalized and widespread, involving many actors such as news media shows and government officials. The violence

perpetrated on American citizens as a result of a politically divisive country has caused harm in ways that are only beginning to be quantified. As a start, we can count the total number of confirmed cases of COVID-19 infections and deaths.

From the beginning, the federal response from the United States government has been one of chaos, confusion, contradiction, and distortion that resulted in deadly consequences. Over 70 days passed from the date when the Centers for Disease Control and Prevention (CDC) learned about cases of COVID-19 occurring in Wuhan in late December 2019 to the first announcement made by President Trump outlining the public health and safety guidelines for the country in mid-March. During that time frame, the United States had more than 4,600 cases of confirmed infections and more than 100 deaths (World Health Organization 2020). Until a vaccine is created, tested, and approved, slowing the spread of the virus in the United States has become the goal; evidence from China shows that lockdowns substantially slowed the spread of the virus in Wuhan (Kraemer et al. 2020). However, prevention efforts in the US have been hindered because of politics. A study by Painter and Qui (2020) showed that political beliefs affected compliance with social distancing orders. Specifically, Republicans and “misaligned Democrats” were less likely to comply. Since social distancing has been found to be a significant factor in slowing the spread of the novel coronavirus (Baldwin and Weder di Mauro 2020), compliance with this preventative measure is important. Adherence to other recommended preventive measures to reduce the probability of exposure such as hand washing, mask wearing, and avoiding public gatherings has also been shown to depend on political party affiliation. Fowler and Utych (2020) found that Democrats are more likely to comply with recommendations even when it disrupts their lives than are Republicans. As a result of the declared national emergency, Allyn and Sprunt (2020) found that 38% of Democrats compared to 26% of Republicans changed their travel plans; 59% of Democrats compared to 40% of Republicans cancelled plans to avoid large gatherings; and 60% of Democrats compared to 37% of Republicans decided to eat at home more often.

Racism and structural violence work together to wreak havoc during crises. Not only is the current pandemic highlighting the consequences for public health as a result of political polarization, it is also illuminating numerous problems in the social infrastructure such as disseminating information and strategies that are racially sensitive. As a preventative measure, public health officials have recommended wearing face coverings while in public spaces. To facilitate compliance, the CDC has posted instructions on making face coverings from materials such as old t-shirts or bandanas (Centers for Disease Control and Prevention 2020). It is important to note that the purpose for disseminating instructions on how to make a homemade face covering was to discourage the general public from purchasing medical grade masks needed in hospitals. While the recommendation seems ordinary, it does not consider the history of racism and how it operates in society. Without face coverings, Black men have a higher rate of being harassed by business owners, employees, and police (Smiley and Fakunle 2016), as well as

being feared by everyone else. Add a homemade bandana, and it has the makings of a deadly outcome, especially in communities where police utilize aggressive tactical policies (Dewey 2021, this volume). The recommendation by the CDC is a passive phenomenon intended to provide safety measures to protect the general public. However, coupled with racism, safety measures and public protection collude to add harm to an already dangerous situation. Camouflaged as a public health recommendation, face coverings are potentially harmful for Black citizens generally, and Black men specifically, as a result of racial biases that evoke fear, suspicion, and feelings of imminent danger from seeing a Black man with a face covering. Viral videos and news stories can attest to the racial politics of adherence to the public health recommendation (de la Garza 2020; Taylor 2020). Wearing a mask while Black increases the potential of racial profiling regardless of public health guidelines and the threat of a deadly virus. Further, conflating race and crime endangers Black men and increases scrutiny and suspicion when wearing a face mask, forcing them to choose between protecting themselves against a deadly virus and avoiding the potential physical and psychological damage of being confronted by police (Dewey 2021, this volume; Natividad 2020). Thus, for some, the threat of a Black man wearing a face covering is more frightening than the threat of a deadly virus. Moreover, President Trump invokes the relationship between racism and structural violence by referring to the coronavirus as the “Chinese flu” and the “Chinese virus” (Shafer 2020), resulting in racist attacks, both verbally and physically, against Asian Americans (Chiang 2021, this volume). Not only does the label stigmatize Chinese Americans as being the cause and carriers of the novel coronavirus, it also invokes a historical stereotype about immigrants as disease carriers, which exposes them to hate, anger, and harassment by other citizens who are fearful and prejudiced.

In addition to prevention strategies that added additional risk to racialized citizens, other issues exposed the country’s infrastructure as being woefully unprepared. The medical community did not have the required protective gear to minimize their exposure while treating patients with COVID-19. As a world superpower, the United States has access to more resources, expertise, and experience to have had better outcomes from a global pandemic than many of the countries that fared better. However, the public health system is fragmented from the medical system, which hampered the procurement of much needed resources such as basic medical equipment and testing supplies. Instead of a coordinated federal response to support the medical community, states battled for personal protection equipment as many hospitals and clinics were experiencing shortages while the number of confirmed COVID-19 cases and deaths increased. Moreover, according to a letter from the American Nurses Association to Congress, there was confusion about the recommendations received by the CDC regarding medical equipment use. The letter states, “We are concerned that C.D.C. recommendations are based solely on supply chain and manufacturing challenges. It’s also concerning that these recommendations

do not offer strategies to address the limited manufacturing and supply chain of necessary personal protective equipment” (Jacobs, Richtel, and Baker 2020). In addition, the American College of Emergency Physicians urged the White House “to ramp up production of medical gear through the Defense Production Act powers, and . . . increase distributions from the Strategic National Stockpile, a repository of critical medical supplies for public health emergencies” (Jacobs, Richtel, and Baker 2020). Medical supplies from the stockpile were distributed at rates less than what was needed, and the concerns about the confusing recommendations were not addressed. When the federal government abandoned the medical community, healthcare workers, schools, chain stores, and volunteer citizens around the country answered the call with donations of supplies, including masks made at home with personal sewing machines. At a time when the number of confirmed cases and deaths were steadily rising, healthcare workers risked exposure as a result of a dysfunctional federal response to the global pandemic. As a product of human decision, structural violence is preventable as well as correctable through human agency and ingenuity. Through a competent and coordinated response, the federal government has access, resources, and opportunity to resolve the inadequate supply of medical equipment. Inaction and slow reaction during a time of global uncertainty is a choice with harmful consequences. When harm such as death occurs, citizens blame weak individual bodies and not the social structure that created unequal conditions, such as unavailable testing and inadequate amounts of medical supplies. The established social arrangement compels citizens to blame each other and not the social structure that contributes to their harm.

Another harmful factor in the social structure is an economic system that allows for inequality. During times of crisis, inequality will undoubtedly intensify. The preventive measures taken to restrict the spread of the novel coronavirus have disparate effects on lower socioeconomic groups, including the loss of income and health insurance (assuming they had either to begin with) and housing and food security (Nanda 2021). The stay-at-home orders mandated by many states were enacted to help slow the spread of the novel coronavirus. However, this preventative measure does not consider the vast number of citizens who simply cannot comply, such as the “essential” low-skilled workers, or those who live in multiple-generation homes and thus find quarantining a challenging endeavor. According to the U.S. Bureau of Labor Statistics (2019), individuals who more likely to have the ability to work from home are male, White, and college educated. White Americans are twice as likely as African Americans or Latino Americans to have the option to work remotely. The latter two groups comprise a large number of restaurant, retail, and grocery employees who do not have the option to work at home.

Structural violence operates through systemic disparities (Lee 2016, 112) exposing its effects on marginalized groups. Crises increase these effects. Before the global pandemic, low-income workers were already feeling the pinch of an

unequal society as a result of low wages, lack of health insurance, and rising cost of living. As a result of the pandemic, the economic disparity has worsened. With the closing of many industries such as restaurants and retail stores, the workers are at a higher risk of experiencing housing instability as well as job and food insecurity at a time when the resources at food pantries and other nonprofit agencies that assist with food and other social services are being stretched. While helpful in the short-term, state officials' attempts to halt housing evictions and utility shut-offs along with the one-time federal stimulus money are band-aids attempting to cover the massive bullet wound of the disparate economic impact of the novel coronavirus. With no other moderation on capitalism's inequality to help low-income workers' ability to comply with preventive strategies such as the stay-at-home order, citizens experienced increased angst to get to work because of concerns for lost wages and the consequences that follow. Protests erupted across the United States challenging the stay-at-home orders. Some protested because they felt their local government was infringing on their rights (Meeker 2021, this volume; Blum, Smith, and Sanford 2021, this volume) and others demonstrated because they feared the future since "staying home without work or income is hard" (Bosman, Tavernise, and Baker 2020).

Notwithstanding the economic inequality that the pandemic is bringing to the forefront, it is also exposing some deeply rooted beliefs that society has propagated for far too long. For example, the fallacy of meritocracy has been revealed as a result of the new labels "essential worker" and "hero" and their lists of low-skilled jobs that are sustaining society, as has the belief that if individuals work hard then they will be rewarded with the things that society values most: a good job, money, opportunities, and power. As a social ideal, meritocracy focuses on the notion of an independent spirit fortified with self-determination, while ignoring the myriad ways that an unequal social structure interferes with a good work ethic. Meritocracy makes the individual responsible for the social problems that shrink opportunities to be successful, while relieving governmental policies and politicians of their accountability. Society assigns value to job categories such as unskilled, low skilled and skilled, setting up different opportunities and choices that are available for each category. Assigned as low value, unskilled and low-skilled workers must contend with low wages, unaffordable health care, low probability of advancement, and food and transportation insecurity. When accounting for race, gender, and ability in that same group, the available opportunities and choices lessen. The essential services deemed necessary to help society survive during the global pandemic include the unskilled and low-skilled employees of grocery stores, delivery and transit companies, as well as factories and distribution centers. While these services are deemed essential, the highly used phrases of "essential worker" and "hero" ignores that these are the same employees that were overworked, underpaid, and lacked health care (Rho, Brown, and Fremstad 2020) before the pandemic. During the pandemic, the phrases, as inspirational and motivational

as they may seem, reflect a paradox in the economic system: How can one be essential, heroic, low-skilled, and underpaid?

Vitriol: a crisis of leadership

During times of change and crisis, strong, effective, and empathetic leadership is extremely important. Even when a nation is in chaos and fearful, an effective leader can unite citizens under a common cause. After September 11, 2001, the uniting cause was a national pride that extended across many divisions of politics, race, class, and ideologies. Then president George W. Bush attempted to calm fears and strengthen vulnerabilities by displaying important leadership characteristics such as integrity, confidence, empathy, emotional intelligence, and the ability to communicate. The success of his attempt can be debated. However, those leadership skills are now arguably missing from the United States' management of the global pandemic. As a result, harm through either illness, death, loss of job, loss of income, or any other unnamed but avoidable injury is inflicted on citizens by a new pathogen, coupled with the lack of a coherent and cohesive federal response. The negligence of leadership is contributing to structural violence in the United States.

At the height of the first wave of the spread of the novel coronavirus, President Trump used language that compared the global pandemic to war. Consistent with this narrative were statements made at various news briefings and other events that spoke to his being a wartime president, with the novel coronavirus as the “enemy” we are fighting. In mid-March, after declaring a national emergency, when there were over 6,400 confirmed cases of infection and over 100 deaths (COVID-19 Dashboard), Mr. Trump announced, “One day, we’ll be standing possibly up here and say we won” (Brady 2020a). Seven days later, when there were more than 53,500 confirmed cases of infection and over 1,000 deaths (COVID-19 Dashboard), Mr. Trump referred to the global pandemic as “a historic battle of an invisible enemy” (Brady 2020b). In early May, when confirmed cases reached over 1.2 million and deaths were over 73,000 (COVID-19 Dashboard), Mr. Trump conceded that this is the

worst attack we’ve ever had. This is worse than Pearl Harbor. This is worse than the World Trade Center. There’s never been an attack like this. And it should have never happened. It could have been stopped at the source. It could have been stopped in China.

(Oval Office 2020)

In addition, he used wartime measures to combat the “invisible enemy” such as closing borders, restricting travel, and utilizing the Defense Production Act to compel factories to mass produce emergency supplies (Abutaleb et al. 2020). As a “wartime” president leading the charge against an “invisible enemy,” he failed to do the most important job of the commander in chief: provide soldiers on the front

line with the necessary ammunition to be victorious. Instead, he incited chaos and confusion amongst the ranks, rendering essential workers, medical staff, and citizens at large vulnerable to a pathogen wreaking havoc on the world.

President Trump and other government officials consistently contradicted their narrative of a well-planned war by their actions and words. For example, in early March, Mr. Trump toured the CDC and announced to reporters, “Anybody who wants a test will get a test” (White House Briefing Statement 2020). This statement was not true when it was uttered and did not become true for at least a few months, depending on the state. In late April, Vice President Mike Pence, who also leads the White House’s coronavirus task force, toured the Mayo Clinic without wearing a mask, although they are required to enter the facility (Carlisle 2020). During that time, the United States had surpassed the one million mark for confirmed infections and had over 58,000 deaths (COVID-19 Dashboard). Effective leaders communicate messages consistently with their words and actions. Inconsistent and contradictory messages create confusion. In a politically polarized environment, the intention of the message is sidelined and the message itself becomes a smaller battle in the larger war. Polls showed that Republicans more than Democrats were influenced by the president’s reactions and dismissiveness, so much so that they refused to take the coronavirus seriously, change travel plans, and follow social distancing guidelines (Abutaleb et al. 2020). In the context of a global pandemic, inconsistent messaging harms citizens, and a politically polarized environment exploits them to participate in their own mass contamination and murder.

Conclusion

The novel coronavirus crisis provides a sociological perspective of the many facets of a global pandemic. Beyond the medical implications of a new pathogen, it is highlighting the social illnesses already inflicting violence on citizens. A slow and uncoordinated federal response heightened the violence, while messages of confusion and contradiction deepened its impact. This combination solidified the United States as the country with the most confirmed cases of infection and deaths (COVID-19 Dashboard). The United States actively projects and works to protect its reputation across the globe as having a good infrastructure. An incompetent and incoherent federal response to a global crisis challenged and weakened that reputation. Mired in political polarization, ineffective or inadequate efforts to slow the spread of the novel coronavirus have harmed many citizens. The harm has been simultaneous, unequally distributed, and caused by negligence.

In its simplest explanation, structural violence is inflicted by policies, practices, and ordinary daily rituals mandated by a social structure or social institution. Structural violence prevents citizens from meeting their basic needs. It is less visible than physical violence, but it can be just as deadly. The harm from structural violence is subtle and is often overlooked. When it results in death, the cause is linked to the physical reason, such as being infected by the novel coronavirus, rather than assigning blame to the social structure for the lack of testing and medical supplies,

fueling racial stereotypes, misinformation from government agencies, and deficient financial support for low-income citizens. Because deficiency in the social structure is common and expected, citizens blame each other and not the social structure that contributes to their harm. As a novel pathogen continues to elude top experts in the scientific and medical communities, its social impact has displayed stark inequalities and misguided ideologies. The structural violence inflicted on citizens as a result of the politicization of a global pandemic continues to threaten lives, especially the most vulnerable in society.

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20

HIGH RISK OR LOW WORTH?

A few practical and philosophical
COVID-19 issues surrounding the
isolation of high-risk senior women

Lynnette Porter

Family folklore, backed by research, suggests that seniors who have retired and have nothing to look forward to, interest them daily, or connect them with a social network fade away as they become isolated from the people and activities important to them. Seniors who live alone may feel lonely, ignored, or unimportant in their isolation. Over time, they may become “invisible” because they are not actively part of others’ daily lives. “Old age,” for many seniors, implies social isolation and loneliness, likely leading to an earlier death.

The US stay-at-home or quarantine orders to prevent the spread of COVID-19 not only exacerbated concerns for isolated seniors but made longer-term self-quarantine likely for the many vulnerable-to-coronavirus older adults who could or should not join younger, healthier Americans in “reopening” the country once the official quarantine ended. Although *quarantine* is typically defined as enforced isolation from everyone else, usually to prevent the spread of disease, the quarantine as a result of state stay-at-home orders offered a few loopholes against total isolation indoors. Employees who were needed to provide “essential services,” as defined by each state, could go to work. Everyone could leave home to buy groceries, fill prescriptions, or get medical assistance, for example. High-risk individuals, in particular, were highly recommended to stay indoors at all times, have food or medicine delivered, and have no contact with delivery or service persons. Everyone was reminded to sanitize any package coming into the home’s “safe space” and immediately to use hand sanitizer or wash hands thoroughly after touching a potentially contaminated surface. Going outdoors for exercise was allowed if individuals wore masks and, preferably, came in contact with no one but the people with whom they live. High-risk seniors living in care facilities were locked down inside; no visitors were permitted, and residents could not leave their rooms. Even when stay-at-home orders officially expired, many high-risk seniors in care facilities remained

in lockdown, and even those living at home often continued to self-quarantine under the same restrictive conditions. In a politicized society seeking to return to “normal” as quickly as possible, seniors inadvertently instigated questions about the value of human life and the “worth” of individuals during a pandemic.

Within my small circle of close family members and friends, seven women and I either fit the Centers for Disease Control’s (CDC’s) March 2020 definition of “high-risk” or “vulnerable” people most likely to have debilitating or deadly complications from COVID-19 or are current or future caregivers of someone who does. Specifically, a high-risk/vulnerable person is 65 years old or older, someone living in a long-term care facility, or anyone with an underlying medical condition. The long list of underlying medical conditions includes lung diseases (e.g., asthma, chronic obstructive pulmonary disease [COPD], lung cancer), serious heart conditions, compromised immune system, severe obesity, diabetes, liver disease, and chronic kidney disease (requiring dialysis) (CDC 2020). In this chapter, “high-risk” refers to seniors in general or specifically the women in my group who are at high risk of suffering complications or dying from COVID-19 because of age and underlying medical condition. Tables 20.1 and 20.2 introduce the women whose quarantine stories are included in this chapter.

As these women’s COVID-19 quarantine stories explain, even people who live and safely interact with others every day may keenly feel the physical or emotional effects of being separated from loved ones not in quarantine with them. Although this is a very small group, their comments provide unique perspectives on social isolation even among privileged (e.g., White, middle-class) women. As both a participant in this group’s COVID-19 discussions and chapter author, I recognize my bias. Nonetheless, I am in a unique position of reporting the group’s anecdotal information in light of previous research about social isolation among seniors. Their comments provide interesting insights into individual experiences within the much larger US pandemic experience.

TABLE 20.1 Individuals in My “Study Group” Defined as “High Risk” for Complications or Death from COVID-19

<i>Name</i>	<i>Age</i>	<i>US State of Residence</i>	<i>Underlying Chronic Medical Condition</i>	<i>Description of Residence</i>
Janet	67	Texas	High blood pressure	Lives with spouse in a single-family house
Joanne	69	Florida	Cancer (survivor)	Lives alone in a house
Lynnette	63	Florida	Cancer	Lives alone in an apartment
Lynn	73	Florida	COPD	Lives with five family members in a single-family house but has her own suite
Marian	92	North Dakota	High blood pressure	Lives in a single-occupant room in an adult care facility

TABLE 20.2 Current or Future Caregivers of High-Risk Individuals in My “Study Group”

<i>Name</i>	<i>US State of Residence</i>	<i>Relationship with High-Risk Individual</i>
Donna	Florida	With Marian: Daughter, legally designated as one to make decisions regarding future care
Jen	Florida	With Lynn: Daughter, likely to be a future caregiver With Lynnette: Friend, legally designated as one to make decisions regarding future care
Sandy	Florida	With Joanne: Daughter, likely to be a future caregiver

Anecdotal information comes from conversations with each woman between March and June 2020, during a state’s mandatory stay-at-home order and gradual reopening. These women’s comments reflect concerns about quarantine and answers to these four questions: How can social isolation affect high-risk seniors? What is the relationship between social isolation and loneliness? What may be done to mitigate high-risk seniors’ feelings of isolation and/or loneliness? How are high-risk seniors perceived by the rest of society during a pandemic? Because research about social isolation includes too many studies to be discussed in this chapter, only a few representative ones highlight the relationships among social isolation, loneliness, and health.

How can social isolation affect high-risk seniors?

A 2012 *Journal of Primary Prevention* article explains the prevalence of mental and physical health problems when, in particular, homebound seniors lack accessible social networks. More than a decade before the COVID-19 pandemic, up to 43% of community-dwelling seniors experienced social isolation, defined as occurring when an individual “lacks a sense of belonging socially, lacks engagement with others, [and] has a minimal number of [fulfilling, high-quality] social contacts” (Nicholson 2012, 137). Some possible physical effects of isolation include a greater possibility of heart disease or stroke and an increase in cognitive decline (152). The percentage of seniors experiencing social isolation in 2020 likely is far higher than that cited in this study. Even within my group, because of quarantine, all high-risk women were physically cut off from important people in our social network.

Sandy felt “happy” about the stay-at-home order as a way to protect her mother (Joanne) from exposure to COVID-19, even though staying at home kept Joanne from a social network of retirees. Sandy explained,

I don’t believe our citizens or our government took [COVID-19] seriously enough. I was able to convince my mom to stay home before the

stay-at-home order officially began, but she was also getting pressure from some of her friends in a retirees group to still go out to their monthly dinners. So, the stay-at-home orders not only validated my concern, but gave me (false) hope that we, as a nation, could effectively flatten the curve.

Although Joanne was physically isolated, she (as well as all high-risk women in my group) maintained virtual contact with those dearest to them.

Although Lynnette talked or texted with loved ones during the quarantine, she mourned her loss of physical freedom. Prior to the pandemic, she frequently visited close friends or went to theme parks, restaurants, theatres, and beaches with them. During the stay-at-home order, Lynnette lost these opportunities for in-person social activities. Yet, once the stay-at-home order was lifted, Lynnette, unlike the majority of her friends/family, was encouraged to stay home to stay safe – and even others' careful return to public spaces posed a higher risk of transmitting the virus to her. Whereas many people mentally “survive” quarantine by reminding themselves that it is temporary and looking forward to next year – or whenever they believe COVID-19 will be under control – Lynnette, in the final stage of terminal cancer, is not expected to enjoy a post-pandemic world. Losing the ability to spend time in person with loved ones is, therefore, even more devastating than might be expected.

Despite Lynn living with family members during quarantine, she still felt socially isolated from children and grandchildren who do not live in her household. She also questioned her role within the household because she no longer grocery shops for the family, a primary way she felt useful to her family and connected with the community. Additionally, shopping several times a week was a form of exercise no longer open to her during quarantine; walking around the house is not as stimulating as seeing different places and casually talking with strangers. Although she stays engaged with her family, she often feels “irrelevant” because of social separation and what she sees as a diminution of her role. In addition, she sometimes feels socially isolated because she, daughter Jen, and grandchildren have different interests and needs, often because of generation gaps in shared knowledge or experience. Although Lynn loves her family and feels loved by them, she may still feel lonely or socially isolated during quarantine.

Similarly, Janet felt socially isolated when she was “stuck indoors” for weeks. Even though she was quarantined with her husband, she missed teaching piano lessons in her home and frequently visiting her children and grandchildren. A typical pre-COVID-19 week involved going out to eat and heading to the cinema. Without these activities, she had “nothing to look forward to.” When the stay-at-home order was lifted, some high-risk people, such as Janet, thus decided to take what they perceive as a manageable risk to go for a drive, pick up a carryout meal, or enjoy a family reunion in a public park – while staying the recommended six feet apart or wearing a mask.

Although it is too early to identify new long-term health problems as a result of the stay-at-home order or ongoing self-quarantine, short-term depression

or heightened emotions reported by Lynnette, Janet, and Lynn indicate that an extended quarantine without ways to help alleviate persistent negative thoughts/feelings may be cause for concern about longer-term mental and physical health.

What is the relationship between social isolation and loneliness?

Loneliness and social isolation cannot be conflated, although high-risk seniors may experience both. Whereas *social isolation* includes a lack of social connections and activities, *loneliness* has been defined as “the perception or feeling that one is without meaningful social connections” (Taylor 2020, 141). Harry Owen Taylor’s study of the effects of social isolation from “adult children, other family members, friends, living alone, being unmarried, and not participating in social activities” used data from a 2014 Wave of the Health and Retirement Study (141). In this study, “older adults” were defined as being 50 years or older. Taylor concluded that the greater the amount of social isolation/higher number of combined factors leads to greater loneliness. Taylor did not measure the quality of relationships and noted that social isolation from adult children was not a key factor when older adults have strained or negative relationships with their children (146). Positive, supportive relationships between older adults and their children may change the degree of loneliness and social isolation when mutually loving parents and children are physically separated. As Taylor (and other researchers) noted, loneliness and social isolation are associated with increased likelihood of mortality, health morbidities, and poorer self-rated mental or physical health (141).

In my group, all high-risk senior women who have adult children and the three women who now or in the future will care for a high-risk mother have positive, emotionally enriching parent-child relationships. Loneliness was described by Donna, Marian, Lynn, Jen, and Janet as being related to specific family members, rather than a general feeling of loneliness as a result of social isolation. Donna and Marian, for example, both expressed loneliness because of their separation, even though they talk on the phone to each other and have social interactions with others daily.

When that loved one is a very young child, the lost bonding time is difficult or impossible to make up. Watching a video of a toddler playing is very different from playing with the child. Jen, who is not at high risk, nonetheless expressed frustration and loneliness in being unable to visit her sister and one-year-old and five-year-old nephews, with whom she is very close and previously visited at least once a week for several hours. Lynn also commented sadly that she missed being with her grandchildren. Janet felt lonely when separated from a young grandchild who frequently had stayed overnight or with whom she shared “play dates.” Because very young children may not remember the relatives they have not seen for months, their uncertainty or shyness about reuniting with “strangers” can be a devastating loss for the adults who love them.

As Kelly Rhea MacArthur (2021, this volume) notes,

Scholars across academic disciplines agree that social relationships are at the center of what defines humanity, as well as what presents the biggest threat to well-being. Distancing during the coronavirus pandemic presents an even larger threat to public health if it creates patterns of social interaction that constrain relationships indefinitely.

Until a vaccine and/or other preventive or treatment measures prove efficacious in stopping the spread of COVID-19, older family members, in particular, are likely to face those indefinite constraints in their interactions with loved ones. Extended quarantines or social distancing may lead to longer-term health concerns in my study group, as well as in the larger senior population.

What may be done to mitigate high-risk seniors' feelings of isolation and/or loneliness?

Pragmatic strategies for making high-risk seniors feel not only remembered but also valued and for encouraging high-focus activities to even temporarily take their mind off COVID-19 can involve individual or group activities. Technology offers a range of communication experiences but, more importantly, helps connect high-risk seniors with the “outside” world. Other, longer-term strategies for helping high-risk seniors to control more aspects of their life may become more important during self-quarantine as states reopen.

Mitigating social isolation with technology

During states' stay-at-home orders resulting in a national quarantine for all but those deemed essential workers, television commercials and public service announcements began promoting the idea that families and friends separated during the quarantine can stay social through technology. Ads showed people laughing together as they video chatted. Social media touted Zoom movie nights or cocktail parties that brought people together virtually. Special events, such as the Together At Home concert spearheaded by Lady Gaga, brought together musicians and singers broadcasting from their homes (Watercutter 2020). In short, technology – whether permitting interactive participation or passive viewing – put the “together” in “we're all in this together.” Whereas technology has been promoted as a way to minimize, if not eliminate, loneliness or social isolation during the pandemic, its benefits greatly vary among individuals who may be limited in their choice or use of technology; as well, not everybody may want to participate in online or multimedia communication.

A Pew study reported 42% of seniors have smartphones and 67% have Internet access (which may give them the opportunity to video chat, text, and post

messages or media to social media accounts, as well as phone others). Yet, the possibilities for smartphone communication during quarantine were quickly put into perspective: Only about 25% of seniors feel “confident about using electronics to go online” (Poon and Holder 2020). Whereas some high-risk seniors learned how to work with new-to-them devices or software during the pandemic, others, of course, lacked access to technology or someone who can show them how to use it effectively. Some technologies also are not well suited to seniors with poor hearing or eyesight, arthritis, or other mobility problems (Poon and Holder 2020). These issues are commonly reported during “normal” times, but COVID-19 underscored the problems that many high-risk seniors face when confronted with an immediate need to use technology as a lifeline to reach the people they need in an emergency, especially doctors, delivery persons, and family members, or to ease loneliness and feelings of isolation.

Lack of digital communication was not an overwhelming concern for the women in my group. Almost everyone embraced at least some online or multimedia communication, as might be expected of people in their socioeconomic class. As well, Jen, Donna, Sandy, and Lynnette are university professors with more online experience because of their teaching or administrative roles. Janet’s children own a computer support business and help companies manage their hardware and software needs. As a result, these high-risk women felt extremely comfortable using technology, possibly because they, unlike most COVID-vulnerable seniors, had readily available resource experts who encourage them to use a variety of technologies.

Only Marian chose not to connect by computer and turned down Donna’s offer of setting her up with a laptop. Marian confided that she did not have any desire to go online. Instead, she prefers daily voice-only conversations with her sister and daughter. The every-afternoon phone call between Marian and Donna was established years before COVID-19. Marian explained, “we’ve done it so many years I take it for granted” but added “I’d like to see her.” Prior to the pandemic, Donna flew to North Dakota to visit her mother for weeks in the summer and days during holiday breaks. They spent as much time together as possible, whether in Marian’s room or during meals in a communal dining room. When the quarantined care center prohibited visitors and confined seniors to their room, Donna worried that her mother would indefinitely feel as if she were “in prison.” Phone calls help maintain their connection but cannot replace in-person visits, which continue to be in limbo until COVID-19 is controlled.

The care center also helps mitigate seniors’ loneliness, albeit in a limited way. Staff members bring meals and check on Marian a few times a day, but those kinds of encounters are superficial enough to be classified as casual social encounters – which can help alleviate social isolation more than loneliness. However, Marian considers the activities coordinator to be a friend; they had shared personal conversations prior to the lockdown and enjoy each other’s company. About once a day, the activities coordinator stops by to chat a few minutes with Marian. The hardest

part of dealing with COVID-19 is the “uncertainty of it all,” and Marian wonders how long the pandemic will last. A personalized daily visit even lasting just a few minutes can help alleviate Marian’s loneliness until she can connect with family members by phone.

Other individuals in my group tend to use some devices or services more often or for specific purposes. They prefer to rapidly text messages about everyday topics (e.g., how they are feeling, what they watched on Netflix, what is on the news); phone important or time-sensitive information; make Facebook posts (mostly photos, reposts of others’ memes or texts, or status changes) to keep family and friends up to date, entertained, or enlightened; and set up less frequent Zoom meetings for adding a more personal touch to conversations or holding family reunions with three or more participants. Nevertheless, as Virginia Satir, one of the founding mothers of family therapy, emphasized, it takes 12 hugs a day for people to thrive, and nonsexual human touch can provide mental health benefits (Hartwell-Walker 2020). After being home alone for two months, Lynnette wondered if she would ever be hugged again, and Lynn and Janet especially missed hugging their grandchildren. Touching a screen or waving at an image is not the same as hugging a loved one.

High-focus activities

Without ways to break up prolonged social isolation, high-risk individuals may suffer more severe health effects. Researcher Nicholas Nicholson noted that seniors with poor social connections might resort to heavy drinking, poor eating habits, smoking, and a sedentary lifestyle (140). To maintain seniors’ mental and physical health, Nicholson cautioned healthcare professionals to look for signs of isolation among seniors, especially those confined to home or a facility for long periods of time.

However, during the COVID-19 pandemic, healthcare professionals already are often overwhelmed by the health crisis or underemployed because medical facilities (at least temporarily) stopped elective procedures and regular appointments. During this pandemic, healthcare professionals may be unavailable to monitor high-risk seniors’ feelings of isolation and resulting detrimental changes to behavior or health. As a result, family and friends – even those not designated specifically as caregivers – may find themselves taking on that role more often during a pandemic. One way to engage high-risk seniors during the pandemic is to suggest events or provide activities they can look forward to or that help them focus on something other than COVID-19.

Most women in my group led more sedentary lives during the pandemic because they were limited to their homes, yards, or nearby vacant public spaces. During the stay-at-home orders, Sandy, Donna, and Jen shifted from working on campus to working at home. In addition, Jen had to monitor and assist three children with their online schoolwork. Thus, these women’s high-focus activities most often

involved computer work. Joanne, Janet, Lynn, and Marian are retired; Lynnette was on an academic sabbatical in spring 2020. These women needed something to help them pass the time safely and productively. Janet completed word puzzles and took up a new pastime – painting pictures. As soon as Lynn completed one jigsaw puzzle, she began another one. She equated completing puzzles as being her “job” during the pandemic, albeit one she enjoys. Joanne sewed masks as a useful pastime. Lynnette read one book after another, going through her library of books to read “someday” when she had more time. She also took advantage of free streaming entertainment, such as a weekly play made available on YouTube by the UK’s National Theatre Live or a monthly art documentary that Exhibition on Screen showed on Facebook. (Unfortunately, these streamed events took place only during the national quarantine in the UK or US.) Janet, Lynn, and Lynnette often commented that they spent hours at a time focusing on their chosen “project,” which made days seem to pass more quickly.

Stay-at-home orders permitted outdoor exercise, as long as social distance was maintained. The women in my group felt more positive and healthier when they could walk or garden outdoors. On sunny days, Lynnette walked a mile or more on sidewalks, through parking lots, or on paved paths to get out of the house but avoid people. She sometimes photographed flowers along the way as a way to focus only on that task and forget about everything else. Janet also enjoyed walking outdoors; the closest nature reserve was a mere 10-minute drive from home and provided solitary trails where she could enjoy nature. However, bad weather or malaise made staying indoors more desirable, and sometimes going for a walk just seemed too much trouble.

Despite attempting to maintain a daily routine, Janet, Lynnette, and Jen admitted to bingeing on something when they were bored in isolation or just needed a distraction from feeling overwhelmed. Jen spent a day catching up on episodes of a television serial, Janet sometimes turned to chocolate, and Lynnette enjoyed more wine than usual. Bingeing as a temporary high-focus activity became more common – even if what was binge-worthy was only a temporary focus. However, bingeing as a sedentary activity theoretically could become a problem if quarantine continues and no other activities seem available or desirable as a replacement.

Special events also give at-risk seniors something positive to anticipate and remind them that they have not been forgotten. During the state-mandated quarantine, media reported people drawing pictures or holding signs that could be seen through nursing home windows; neighbors sang or talked from a distance to seniors quarantined alone at home. Some musicians, storytellers, or artists continued to share their work with seniors remaining in quarantine after states began to reopen. As only one example, jazz musician Ethan Kogan and his friends formed M.A.S.Q. (Musicians Aiding Seniors in Quarantine) to play “free gigs in parking lots or outdoor spaces of nursing homes” in Chicago (Stevens 2020).

At times, special events fell into the “good intentions” category. Marian chuckled as she recalled a horse parade to entertain the seniors living in the care center.

Although she has never particularly been one to enjoy parades, she was persuaded to stand at the window to see the horse parade. As the appointed time came and went, Marian waited to see what would happen. Finally, the procession arrived – one horse, a Shetland pony, and a little girl walking with them. In hindsight, the horse parade was memorable primarily for what it was not. Nevertheless, it offered something different, if not necessarily special, for Marian to do one afternoon, and Donna shared a laugh when her mother told her the story.

Greater autonomy even when continued self-quarantine is recommended

A practical solution that gives high-risk persons more autonomy during the pandemic requires them to decide how much risk they are willing or have to assume in order to break the monotony of quarantine and if that level of risk may negatively affect others. Lynn or Lynnette, for example, must determine whether they should participate in family activities after the official stay-at-home order expired. As Jen explained, she cannot take responsibility for her mother's or friend's decisions regarding activities in which she, her children, or her husband are involved; it is important for both high-risk women to retain control over their life, even when family members/close friends may prefer them to stay safely at home. Undoubtedly, Lynn and/or Lynnette may decide it is not wise to venture to theme parks or theatres when everyone else can go. Jen recognizes that they may feel left out when they do not feel comfortable assuming risks that others can more easily accept. However, she noted that either or both of these high-risk individuals can participate in lower-risk activities with her family, such as a backyard barbecue with few people who have been self-quarantining at home or a trip to the beach where social distancing from "outsiders" can be maintained.

Jen, Jen's family, and Sandy self-quarantine for several days after leaving home for activities like shopping, doctor or dental appointments, or recreation in public spaces. Sandy diligently stays at home for 14 days before she visits her mother, whereas Jen, whose outside activities increased when children's or her appointments had to be made up after stay-at-home orders ended, separates higher-risk activities with two or more days at home. Everyone consistently wears masks in public and uses hand sanitizer frequently to help minimize the risk of coming in contact with the virus. Despite these measures, high-risk individuals could decide to stay away from loved ones until they feel the risk of meeting in person is low enough or is outweighed by the emotional need to see them masked face to masked face. Negotiating risk and sharing information about activities away from home can help high-risk individuals make informed choices about the level of risk they are willing to assume.

Of course, such autonomy is not possible in places like senior care centers, hospitals, or nursing homes, which remained locked down from visitation long after stay-at-home orders ended. Although many immunocompromised individuals have

been restricted in their social activities and thousands of seniors resided in nursing homes or managed care facilities long before COVID-19, the number of high-risk individuals needing to stay at home/within a facility increased considerably during the pandemic. Social isolation as a result of COVID-19 may extend far beyond the phased reopening of states and include a larger permanent or long-term population of quarantined seniors. Finding ways to engage high-risk seniors is an ongoing task.

How are high-risk seniors perceived by the rest of society during a pandemic?

Yet another factor may play a uniquely important role in socially isolating seniors in general, but especially those who are at higher risk of COVID-19. Philosophical/ethical issues merged with political concerns during the US stay-at-home orders, and many of these issues involved high-risk seniors. More Americans publicly questioned who should live – and who should die – when the amount of medical equipment, number of hospital beds, number of vaccines, etc., is limited and not everyone can be assisted at the same time in the same geographic area. No matter how valuable individual seniors are valued by their loved ones, how seniors as a generation are perceived in the US may determine their public “worth” or “value.”

Veteran newsman Ted Koppel (2020), age 80 when he interviewed doctors and bioethicists during the first surge of COVID-19 in hot spot New York City, confronted this ethical dilemma during a *CBS Sunday Morning* segment. Koppel described a horrific scenario to his interviewees: Koppel and a 25-year-old both have COVID-19 in the same hospital, both are healthy for their respective ages, both require a ventilator to live, but there is only one available ventilator. Who gets it? Predictably, the medical experts refused to say outright what Koppel concluded for his audience. Unless the 25-year-old had other health problems, age would be the deciding factor. Of course, not every medical decision is limited to a dichotomous choice. Nonetheless, questions like this can add to high-risk seniors’ anxiety about what would happen should they contract the virus and require extreme life-saving measures.

In response to media reports that state officials were meeting to decide how to distribute health care, Peter Breen (vice president and counsel to the Thomas More Society) said that the “horrific idea of withholding care from someone because they are elderly or disabled is untenable and represents a giant step in the devaluation of each and every human life.” Furthermore, as a published legal memorandum pointed out, rationing health care based on age or disability goes against federal law (Barnes 2020). Nonetheless, such public discussion about seniors’ right to health care is a troubling trend.

Additionally, some politicians’ and protesters’ rhetoric about reopening the US economy focused on sacrificing the elderly, in particular, to speed up the recovery process. If COVID-19 could not be contained quickly enough, the argument went, and more people would become exposed to the virus when states reopened,

undoubtedly the virus would be more easily transmitted to the most vulnerable. More seniors, many who suffer from chronic illnesses, would inevitably come into contact with virus carriers and die from COVID-19. Some people protesting a lengthy stay-at-home order carried signs indicating that seniors should be sacrificed so that more people could return to work and help improve the stalled economy. During a live broadcast of a protest in Nashville, for example, a woman standing behind the newscaster carried a sign proclaiming “Sacrifice the Weak” and “Re-open TN” (Evon 2020). Online debate ensued whether the protester, who was not identified or interviewed, was being sarcastic or serious. A California city board member was quoted as saying that if COVID-19 was allowed to run its course unchecked,

We would have significant loss of life, we would lose many elderly, that would reduce burdens in our defunct Social Security System, health care cost . . . once the wave subsided – [a greater number of deaths would] make jobs available for others and it would also free up housing.

(Dillon 2020)

Some politicians in more prominent positions also claimed that the oldest generation would (or should) be willing to sacrifice themselves so that their children and grandchildren could enjoy a faster economic recovery. Texas Lt. Governor Dan Patrick prominently voiced a “hypothetical deal . . . [that] would involve restarting the economy while possibly sacrificing those most vulnerable to covid-19, including older Americans.” During a discussion with Fox News’ Tucker Carlson, Patrick considered the pertinent question, “As a senior citizen, are you willing take a chance on your survival in exchange for keeping the America that all America loves for your children and grandchildren?” He replied, “And if that’s the exchange, I’m all in” (Coughlin and Yoquinto 2020). Social Darwinism was posited as a way to protect the economic future of the fittest. In a political cost/benefit analysis, high-risk people, including but not limited to seniors, seemed to cost too much.

Not only the fact that these sentiments were prominently covered in national news but that they even existed could make vulnerable seniors worry about their safety. In addition, these sentiments further emotionally and socially isolate seniors from at least a percentage of Americans who really considered whether the oldest citizens were worth saving during extreme medical and economic crises.

Joanne’s approach toward COVID-19 as Florida reopened perhaps provides the best advice for high-risk individuals who can choose if or how they can leave the relative safety of quarantine: “[C]ontinuing to stay home as much as possible is very important for my protection against COVID-19. . . . [I]t is very important to continue wearing a mask whenever it is necessary for me to venture out.” She reiterates that everyone must remember that “all of the people who are going out without masks are not helping to stop the spread of the virus. They are certainly not thinking about their own health or the health of their community.” Instead of believing

in the previous mantra of national quarantine, “we’re all in this together,” high-risk seniors, their loved ones, and their caregivers more realistically understand that they have to look out for themselves, not only to avoid contracting COVID-19 but also from the deleterious effects of longer-term quarantine.

This stance seems not only appropriate but also increasingly necessary as parts of the US attempt to recreate a “normal” pre-COVID-19 environment during the pandemic. As numbers of new COVID-19 cases rose in Florida in mid-June 2020, Governor Rick DeSantis reiterated, “We’re not shutting down, we’re gonna go forward, we’re gonna continue to protect the most vulnerable” (Kennedy and Anderson 2020). That statement, in reality, becomes a directive to the vulnerable and those who care about and for them to bear the responsibility for isolating high-risk seniors against COVID-19. The rhetoric surrounding COVID-19 in the US provides a worrisome social barometer regarding the current and future status of seniors. Although individual high-risk seniors, especially in my group, are highly valued by their friends and family and deemed of high worth simply for who they are, seniors vulnerable to COVID-19 might worry that the public only sees them as high risk and, therefore, worth only a low investment of very limited resources.

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